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ABSTRACT

The document describes a research and demonstration project to identify and develop information about rehabilitation programs for handicapped people in African countries. Initial chapters deal with introductory information (need for the project, project objectives, summary of work plan); a description of the project; project procedures; and results and discussion of project findings. The bulk of the document contains reports on current developments in programs for handicapped people in the following countries: The Gambia, Ghana, Liberia, Nigeria, Senegal, Sierra Leone, Togo, Ethiopia, Kenya, Malawi, Mauritius, Tanzania, and Uganda. Individual sections on each country provide a brief profile with map; reports on facilities for vocational rehabilitation; and summaries relating to rehabilitation, special education, health, and contacts and resources in rehabilitation and government. A final chapter offers a project summary and recommendations. Among appended materials are sample articles and a selected listing of United States nonprofit organizations involved in overseas assistance programs for the rehabilitation of the disabled in Africa. (SBH)

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DEVELOPMENTS IN SERVICES FOR HANDICAPPED PEOPLE

A F R I C A

- A Project Report -

"INTERCHANGES OF LEADERS AND INFORMATION RELATING TO REHABILITATION SERVICES - UNITED STATES AND AFRICA"

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People-to-People Committee for the Handicapped

Washington, D. C.

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James R. Burress, Ed.D., Project Director

Leonard G. Perlman, Ed.D., Consultant

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Conducting this project over the past three years has been filled with excitement, constant challenge, and a real joy in knowing that so many people have a real concern and commitment to world peace through people-to-people diplomacy, national and international. The outreach of concern for many millions of disabled people in less advantaged parts of the world has had important impact on international friendship. It has encouraged national efforts toward improved opportunity and quality of life for the more seriously handicapped in many places in the developing world. It has also benefited the United States. The project experience has also set the stage for the development of a meaningful U.S. observance of the International Year of Disabled Persons - 1981. Many international service organizations, public and private, are becoming more aware of the need and opportunity for productive contributions in rehabilitative services for disabled people in developing countries.

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The many members of the People-to-People Committee for the Handicapped can be justly proud of the results of the three-year project. We have opened some doors to a flow of information and exchange of experiences. It has been a good beginning.

James R. Burress, Ed.D.

CHAPTER I

INTRODUCTION

The Need for the Project

One of the increasingly poignant, common denominators among different nations and cultures is the plight of people with disabling physical and mental handicaps. Some of the increase in the numbers of such handicapped persons stem from deprivations such as malnutrition and absence of preventive health care. Some increases, especially in developed nations, are the result of "miracle drugs" and other products of advanced health care that preserve individuals who formerly would have died from injury or disease. Estimates place the number of disabled people at over four hundred million worldwide.

At the same time, governments and private institutions are increasingly aware of the waste in human potential represented by dependent, handicapped people who might, with available medical technology and rehabilitation techniques, become considerably more independent, productive and self-sufficient.

Rehabilitation International documents in the hands of the United States State Department and the Rehabilitation Services Administration indicate the existence of some 450,000,000 disabled persons in today's world, one-third of them currently receiving needed services related to their disabilities. Thus, the world population of disabled persons is almost half again the size of the United States population.

One of the major areas where disability abounds is Africa. Writing of the continent's situation today, G. Wilson (1975) of the Round Table Polio Clinic in Kampala, Uganda, summarized the situation as follows:

1. The rehabilitation needs of Africa differ because of different social, political and economic factors.
2. Rehabilitation in Africa will be given a low government priority for many years to come.
3. In countries still predominantly agricultural, the main emphasis must be on rehabilitation employment in agricultural activities.
4. Rehabilitation work will stay in the hands of voluntary agencies, but they should cooperate with government in order for the slight resources of both to become more effective.

One of these voluntary groups, operating in Africa since 1958, is Operations Crossroads Africa (OCA). Although, not primarily working in the field of rehabilitation, OCA has done much to help people in Africa. Results have not been global, but there have been results. For example, they have built schools, clinics, churches and playgrounds and supplied tools, books, school and medical supplies. They see these items as not in themselves significant or even adequate to Africa's great need, but in a village where there was no school or clinic before and few, if any, books, tools, or supplies. This start was usually enough for people to begin to help themselves.

Some idea of the diversity of disability causes is revealed in a recent paper by David Wilson (1978) from the Congo who revealed that the largest percentage of traumatic paraplegia (24%) came from "falls from palm trees" and that 53% of paraplegia resulted from non-traumatic causes. This, of course, is in marked contrast to causation in Europe and North America, where road accidents are the most common cause of paraplegia or quadraplegia. In Wilson's three and a half years ministering to 80 paraplegic and quadraplegic patients, road accidents caused only 13% of the injuries, while spinal tuberculosis (25%) and transverse myelitis (22%) caused almost half the disabilities.

Blindness is another major world-wide disability. The Helen Keller International Organization (HKI) reports that L. M. Iarizzo of the World Health Organization (WHO) in Geneva said in 1978, at the Fifth General Assembly of the World Council for the Welfare of the Blind meeting in Brazil, that although there is no complete and comparable data on blindness in the world today, various estimates tend to agree on overall rates ranging from around 200 to 500 blind persons per 100,000 in the more developed countries and reaching 1,000 and beyond in some of the less developed ones. HKI advises that this means that there are about three million visually handicapped persons in Latin America alone.

HKI further indicated, that in the more technologically advanced countries, most cases of blindness are the consequences of non-preventable causes. But, in the less developed countries, malnutrition and infectious diseases are predominant factors of blindness, affecting mainly the younger group of the population.

The International Labor Organization (1976) reports that it is very difficult indeed to determine exact numbers of particular disability groups because detailed statistics do not exist, even in the devcloped countries. Moreover, there are so many interpretations of the term 'disabled' or 'handicapped' person. If, however, the ILO recommended definition of a disabled person is used as a yardstick, the minimum world figure of 300 million would probably be a close estimate.

Pursuing this matter, Norman Cooper, ILO's Vocational Rehabilitation Section Head in Geneva, stated that figures on deafness are difficult to obtain. He estimated between 45 and 60 million. A recent summary from India indicates that there were four and one-half million blind and nine and one-half million orthopedically handicapped in that country alone. He also quotes from the United Nations Report on the World Social Situation dated October 14, 1970 which reveals that tuberculosis has 20 million sufferers, polio is increasing in many parts of the world, leprosy patients number 11 million of whom only 25% are registered and 17% being treated, 1% of any population suffers incapacity throughout life "as a result of severe psychiatric illness," that mental retardation is 3% of any population group and that five million cases of trachoma are known worldwide.

There is really no lack of basic information on action being taken to solve the problems of the disabled around the world. For the 16th year the United Nations (1973) published a Summary of Information on Projects and Activities in the Field of Rehabilitation of the Disabled and in 86 pages, highlights reports from 49 different agencies serving the disabled.

The Council of World Organizations Interested in the Handicapped (CWOIH) of which Norman Acton, Rehabilitation International Secretary General, is Executive Committee Chairman, released a "Compendium" on activities of member groups in 1973. The half-inch thick document not only describes the activities of its 30 members and five cooperating members, but also describes the work of the United States and its specialized agencies having relevant programs for the disabled.

In the United States, some 2,000 rehabilitation facilities presently are available for services to the handicapped, according to DePaul University's Management of Rehabilitation Services Department located in Chicago, Illinois.

The concept of vocational rehabilitation serving the whole person is supremely American, although returning the person to the world of work is also an important ingredient in this formula. This viewpoint as it applies to many millions of severely handicapped people is currently receiving more attention through the establishment of independent living rehabilitation goals.

Reports given at International Congresses and area conferences and seminars over the past 15 years indicate much progress in the more developed regions, but disappointing progress in much of the Third World. The experience of the Partners of the Americas in Latin America, where mental retardation is almost chronic, indicates that much can be done through such programs as Partners (PREP) which has harnessed university know-how and American volunteer power.

The relatively meager efforts of ILO, UN, WHO and private groups such as HOPE and PREP in the Third World have accomplished much, in some cases bridging the late Dr. Tom Dooley's "17th century medicine" by almost two centuries. The successes of the United States Government Public Law 480 Research and Demonstration (R&D) rehabilitation programs and the United States Department of Health, Education and Welfare over the past two decades indicates that there is resilience and dedication abroad which needs only the friendly support, encouragement and know-how of rehabilitation professionals and volunteers from the United States to stimulate an area, region or country in terms of increased and improved services to people.

Based on the above background information and knowledge, the People-to-People Committee for the Handicapped Africa Project was conceived and proposed.

Project Objectives

The project was designed to produce the following information and/or actions:

1. A review of rehabilitation activities in the countries of Africa, indicating significant disability groups and programs and institutions presently working on the rehabilitation of disabled people.
2. A compendium of rehabilitation-related organizations which may already be involved in Africa, plus private, United States multinational firms which are involved in each and would be likely to support specific interchanges.

3. Individually tailored interchanges based on "marriages" between specific organizations in the United States and in Africa.
4. Reporting and prioritizing of information useful to improving United States service development, with dissemination to other United States public and private organizations.
5. Greater ongoing voluntary engagement with rehabilitation organizations in Africa by both private and public organizations in the United States using support of non-United States government funds.

Summary of Work Plan

During the initial phases of the project, an extensive review of rehabilitation activities in selected African countries was undertaken. Problems of special disability groups were identified and studied. Institutions providing various types of vocational rehabilitation programs were located and lists of rehabilitation-related agencies and leaders were developed.

The development of significant interchanges between rehabilitation organizations in the United States and African countries was a vital part of the work plan and proving to have a long range continuation effect, i.e., these relationships will most likely continue long after the current project has been completed.

Exchanges of information between the United States and Africa were developed and arranged with the support gained by tapping the resources of:

a. Individual experts.

b. Organizations and institutions serving handicapped people.

c. International corporations with authority for international activity.

d. Government programs with authority for international activity.

Brief Summary of Project

The project identified programs and leaders in the rehabilitation of the handicapped in African countries and arranged interchanges with organizations having similar interests in the United States. Communications with African countries have shown great promise of interchanges that can be of mutual benefit, thus leading to simpler and less costly rehabilitation approaches in the United States.

Opening a flow of people and ideas between the United States and Africa also generated specific opportunities for joint research efforts on disabilities common to our societies. In addition to the transfer of new knowledge, we established and strengthened the bonds of friendship between people in the rehabilitation movement in the United States and Africa.

CHAPTER II

A DESCRIPTION OF THE PROJECT

Overview of Project

As stated above, the research and demonstration project, described in this report, was undertaken to identify and develop information about rehabilitation programs for handicapped people and to get acquainted with concerned leaders in African countries. The objective was to provide a basis for establishing a meaningful exchange relationship among organizations with similar interest in the United States and African countries. Furthermore, it was anticipated that the opening of a flow of people and ideas between the United States and African countries would be mutually beneficial in rehabilitation program development and administration. Also, the sharing of education, research and programmatic experiences would strengthen the bonds of friendship between people in the rehabilitation movement in the United States and Africa.

The purposes and goals set for this project were accomplished in fairly large measure and these results are reported in this document. A most important by-product of the project was the national and international organizational response. These developments will assure continuing beneficial results and a greater sensitivity to and understanding of the mutuality of problems experienced by handicapped people throughout the world.

This report is designed to serve as a resource document and includes information on organization and development of rehabilitation programs and facilities for handicapped children and adults.

Descriptions of both public and private programs are noted, as well as leaders and organizational developments. In addition, for each country reviewed, there is included background information describing major industries, the type of government, the economy and other vital statistics. This should provide the reader with a more complete picture of the nation being reviewed.

Africa Today - A Synopsis

Africa has been described as the continent of great mystery, with ancient traditions and culture. Much of its history and civilization has been lost through centuries of exploitation, neglect, colonization, tragic periods of slave trade, political, social and economic uncertainty, along with limited educational and developmental opportunities for the masses of its people.

Conquest of Black Africa began many centuries ago when adventurous Europeans in sailing ships discovered splendid inlets around the coast of Africa for fresh water and food to replenish supplies for the long journey around the Horn. Later, the discovery of rich treasures and spices, precious metals, and most damaging of all, the slave trade, resulted in massive changes in the traditions and culture which was, at one time, a great part of the ancient history of man.

Then came colonization and subjugation of the native African. After that Africa became the pawn for international diplomacy and the source of riches for Europe and the rest of the world. Little was made known of Africa in western school books until after World War II. Africa, to most people, was a far away land of jungle tribes, pigmies, man-eating cannibals and superstitious, ceremonial, idol worshipers. These were, and are too often, the common impression.

Africans are aware that there is much ignorance about the continent. Many people tend to think of Africa as an immense mass of land inhabited by people with the same customs, traditions, problems and similar economic, political and social conditions. Africa is 5,000 miles long from north to south and 4,000 miles across from east to west. It has more than forty independent political jurisdictions and about as many different forms of governmental systems, economic structures and problems. It has a population of approximately 400 million people speaking many different national languages and tribal dialects. The continent has a diversity of geographic and climatic conditions not too unlike the North American continent from Canada through the Latin American countries.

For instance, little was known of Liberia, a free nation settled by freed slaves seeking a new homeland 130 years ago. The Firestone Rubber Company discovered in the Liberian forest lands a major source of rubber nearly a century ago and Liberia became important to the outside world. The discovery of silver, diamonds, gold and elephants (as a valuable resource for ivory), animal hides, spices, cocoa and coffee attracted the world powers and promoted colonialism throughout the continent. Much of the economy was built on mining and export of bauxite, copper and iron ore.

Missionaries of every denomination, faith and purpose began to invade the deep, dark jungles of Africa to "spread the gospel and save souls." They found a way of life that had survived for many centuries. They found fruit, plant foods and great varieties of animal life. They found tribalism. They found the effects of epidemics and

disease, ignorance of an outside world and a weak and defenseless people, whose past had become lost to history.

Africa has changed in the past thirty years. So has man's mind and knowledge of Africa inside and outside the continent. The overthrow of the yoke of colonialism has brought about the establishment of many new nations in Africa. Yet, all of the continent is not free politically, economically or socially. There remains unrest in Africa today - tribal conflicts and political feuding prevail and military juntas control the majority of the people. But Africa is once more seeking its important place among the continents of the world and it is crucial that the world recognize the interdependence of all nations. The world seems much smaller in this age of jet travel. The control of cholera, polio, leprosy, tuberculosis, meningitis and other contagious, crippling diseases in Africa continues to be of great concern to the entire world.

Serious disabilities, from increasing automobile accidents, are currently emerging as another major problem as modernization moves forward in this continent.

Finally, Africa differs markedly from region to region in physical characteristics and personalities as do people of the other parts of the world. Its cultures range from the primitive back-country villages and tribal communal living to the complex, modern adaptation of European technology and fine hotels, as fine as any to be found in Europe or in America. Generalizations should be avoided as each nation, each tribal group and each person must be viewed and respected on their own merits.

The African is a proud person who is desperately seeking to regain and preserve that which is a rich heritage.

The total population of Africa is anybody's guess; however, most reliable estimates are 400 to 500 million people, but this is just a guess. It is predicted that this population will double in the next twenty years. It is also estimated that, in many African countries, nearly half or about 45 percent of the population is under 15 years of age. These youthful citizens are consumers, not producers, and without benefit of compulsory education and preventive health care, have little motivation or much hope for a better future. The youth are the future of the nations of Africa and, as such, the developmental needs of this population must be a high priority on the agenda of governmental decision-makers. To avoid this issue is to invite disaster.

CHAPTER III

PROCEDURES

Methodology

Implementation of the project included the following activities:

1. Extensive correspondence with national leaders in selected African countries and conferences with government officials in Washington, D. C. embassies; national agencies of the U.S. Government -- U.S. Agency for International Development, International Communications Agency; ACTION Agency (Peace Corps), among others. The international agencies of the United Nations -- UN Developmental Program, World Health Organization, United Nations Educational Scientific and Cultural Organization, Rehabilitation International and the International Labor Organization.
2. Encouraging the sharing on a two-way basis with other countries, those ideas, technology and practices which would enhance our mutual ability to aid disabled people in overcoming their handicaps and to become useful, productive citizens. (Both in those areas where P.L. 480 resources have not been available and as a follow-on to previous P.L. 480 Research and Demonstration projects, if deemed advantageous to the United States by the current Rehabilitation Services Administration (RSA) International Research and Demonstration (R&D) officials handling P.L. 480 programs.)
3. Expanding the process of intercultural communication in which a mutual appreciation of our similarities and differences could be enhanced in working on commonly shared concerns.

4. Giving priority to promoting interchanges that have a probability of building ongoing and expanding relationships. The following were sub-objectives to accomplish this item:

   a. For each interchange, there was a focus on engaging leaders and people with recognized expertise or influence in both countries.

   b. To look for these leaders to be institutionally based in a rehabilitation-related organization that can serve as a foundation for continuing exchange.

   c. To seek to maximize the multiplier effect by involving existing organizations with international programs (both with and without rehabilitation aspects), in order to replicate productive experiences by those organizations in other locations. Such organizations included multinational corporations, as well as the voluntary organizations (e.g. International Association of Rehabilitation Facilities, Red Cross, International Labor Organization, Sister Cities International, Rehabilitation International, etc.).

   d. The criteria in determining priorities were the consideration of a, b and c above, as viewed in the light of guidance from the State Department and HEW and with particular reference to the Middle East and Africa.

An Individualized Approach

The principal investigator pursued the methodology described above and while these methods were aimed at eventual world-wide activity, it

could only begin in a limited manner by focusing first on a specific area of the world. Initially, opportunities for exchange with countries of East and West Africa will be reviewed. The steps involved in developing exchanges in the target area included:

1. Contacts with foreign embassies within United States and counterpart international agencies active in the area to inventory both current developments, specific needs and opportunities.
2. Targeting on those countries in which there was existing interest and activity in serving the handicapped. Data was collected on the extent and nature of disability in the country and their priorities ascertained. Institutions and leaders associated with these priority areas were identified.
3. Both through organizations in communication with the leaders in these countries or those directly interested organizations were explored in exchange visits as preludes to mutual assistance and continuing relationships.
4. As part of above step, specific needs and interests were identified. Contacts were initiated and continued with key facilities and organizations in the United States resulting in their hosting visits or making trips for specific identified purposes.
5. Frequent exchange visits were arranged which involved support gained by tapping the resources of:
    a. Individual experts.
    b. Organizations and institutions serving handicapped people.

c. International corporations with business in the foreign location.

d. Government programs with authority for international activity.

6. As part of, or following, exchange visits, the use of supportive resources were promoted including training programs or training materials, the provision of equipment such as prosthetic devices, shared research projects and other tangible assistance. Emphasis on developing ongoing relationships for this purpose was enhanced by "marrying" specific organizations or institutions in the United States with counterparts or appropriate groups in foreign countries.

Treatment of the Findings

A detailed review of the rehabilitation activities in selected East and West African countries is described in this report and include a review of the following:

These procedures have faithfully followed the basic intent of the original proposal three years ago and the results constitute a document not available anywhere else to our knowledge. They are not exhaustive, but should be a guide for anyone interested in this very special population in Africa. The report is a reasonable and realistic blend of problems and opportunities.

A brief overview of the country investigated includes descriptions of rehabilitation developments, institutions of note, problems, issues, innovations in rehabilitation and lists of resource persons.

Country-by-country summaries are included for The Gambia, Ghana, Liberia, Nigeria, Senegal, Sierra Leone and Togo in West Africa and Ethiopia, Kenya, Malawi, Mauritius, Tanzania and Uganda in East Africa. A list of resource contacts is also provided for each country.

CHAPTER IV

RESULTS AND DISCUSSION

Discussion of Findings of Project

The following summarizes the information obtained in conferences with many people concerned with services to handicapped children and adults and from visits to many facilities providing rehabilitation services in a number of selected African countries. Obviously, the problem of severe disability in Africa is overwhelming. The leaders in new nations of Africa, often referred to as "Developing Nations," recognize the great difficulty and the embarrassment caused by unmet needs of handicapped populations. There are, at present, only glimmerings of hope for the uncounted millions of disabled people in these nations of limited resources, governmental experience and structure.

Priority in governmental action should be directed to health, education, agriculture and industrial development. Some attention is being given to handicapped youth, principally through efforts of international missionary groups. Although the extended family concept cares for many disabled elders, it creates an increased economic strain on the family and the community.

There is a great dependency among these developing countries to look to international charitable and religious organizations to develop services for the handicapped child and adult. Many of these nations supplement the funding from international sources in order to keep the schools and medical facilities operating. There is, however, a lessening of the private voluntary efforts as governments are beginning to plan and organize special educational programs and some employment and

training centers for adults. For instance, Nigeria, with nearly 80 million people, is establishing a nationwide program of vocational training centers for the disabled. Their economic structure is benefiting from the oil boom and energy crisis. With a strong economic base, the government is moving rapidly to improve opportunities for the poor and disabled.

The development of a rehabilitation program for soldiers disabled during the Nigerian civil war provided additional momentum for the development of rehabilitation services for all handicapped people. This parallels the World War II experience in the U.S.A.

As Soyemi (1976) stated, "In Nigeria, Rehabilitation started as far back as after the World War II when individuals and voluntary agencies took it upon themselves to care for the disabled soldiers. Apart from voluntary agencies caring for the disabled, no government bodies have embarked on rehabilitation of the disabled until 1972 when a center was opened for the disabled soldiers of the 1966-70 civil war. The Nigerian Army Resettlement Scheme training center was opened to rehabilitate the disabled soldiers after the Nigerian civil war. The center cares for about 2,000 disabled soldiers, each being trained in whichever field he is capable of doing."

Ghana, with much less fiscal resources, has a productive, well-organized program mainly because of aggressive and well-trained leadership. It operates as part of health and community development in close cooperation with private groups and other agencies. Its budget, in 1977, amounted to one-half million cedis, or approximately 300 thousand United States dollars. It has an excellent outreach and case finding

program and services, including services to most persons regardless of their disabling condition. Many thousands of more seriously handicapped citizens of Ghana are now being served. Unfortunately, the program had not included services to the mentally retarded and mentally ill in 1976. Private citizen's groups have pressured the government for training programs for retarded persons and for improved care for the mentally ill.

Liberia, the oldest of free African nations, is in the early stages of development of special education and vocational rehabilitation programs. The John F. Kennedy Memorial Hospital at Monrovia is a splendid facility and one of the most modern and well-equipped in West Africa. It has one physical medicine and rehabilitation specialist and three physical therapists and some good equipment, but needs greater integrated support from hospital administrators. There is a tendency for the medical staff, especially surgeons, to view the Physical Medicine and Rehabilitation Unit as a luxury exercise facility and to make insufficient use of it as part of a total rehabilitation recovery process.

The present governmental effort to organize a national rehabilitation program as a part of the Ministry of Social Welfare Services has the support of the President of Liberia, businessmen and private organizations.

A Deputy Minister, a well-trained social worker with capable staff assistance, has developed a comprehensive proposal for vocational rehabilitation services. There is need for technical assistance in the design, organization and implementation of services. The International

Labor Organization, the World Rehabilitation Fund, Goodwill Industries and Helen Keller International have made important contributions toward the development of rehabilitation programs in Liberia.

There is little doubt of the need for more communication and sharing of concerns, resources and technical assistance in relationship to the needs and problems among many countries on the east as well as on the west coast of Africa. The International Labor Organization's technical aid in the establishment of three factories in Ethiopia, employing over 400 severely disabled and now self-supporting persons, should be shared or at least offered to other countries in Africa.

Kenya, for example, has a comprehensive public hospital unit for rehabilitation of the orthopedically handicapped and amputees at Nairobi. It is now providing vocational or job training. A new facility in Nairobi, sponsored by the World Rehabilitation Fund, houses a prosthetics and orthotics training center for trainees from many countries. These trainees return home and, hopefully, begin local limb and brace shops.

Kenya has been developing a national program, through the Ministry of Social Services, for the past eight years beginning in 1971. The unit is headed by a Senior Rehabilitation Officer with centralized administration and control. The organization has established centers for case finding and service delivery throughout the country. Excellent cooperative relationships exist between private organizations serving special interest and select groups of handicapped persons.

Tanzania is moving toward a national program, but as yet without the financial capability and the organization that Kenya enjoys.

However, this country is developing universal primary education and making education of handicapped children compulsory. As much as possible, physically handicapped children, including the blind and deaf, are encouraged to "integrate" in the local primary schools. Handicapped youths, with more severe problems, attend special schools operated by private organizations with supplemental grants from the Ministry of Education and Social Welfare. These schools include the Salvation Army School for the Physically Handicapped and special schools for deaf and blind children.

The Tanzania program is emphasizing manual training programs which include shoemaking, cabinet and carpentry work, sewing and garment making, metal work, the manufacture of hand-powered wheelchairs, security grills, fences, etc. After 18 to 24 months of training, the client is employed in private industry or placed in a cooperative production workshop. These workshops are located in the villages in various parts of the country. A few handicapped trainees are given tools and equipment for the operation of their own business when the village officials approve a plan as feasible. Small farming, poultry and animal husbandry is encouraged for the physically handicapped and the blind.

Many unique and creative projects were noted in both countries in efforts to develop new opportunities for handicapped people. It was encouraging to see fishing fly-tying by twenty paraplegics in a small shop in Nairobi. These employees were trained by skilled non-handicapped employees and were part of the operation producing thousands of flies to order for wholesalers in the United Kingdom. In another work

activity, seriously disabled young adults were clipping, sorting and packing used postage stamps for wholesale stamp dealers. Despite these splendid efforts, neither country is able yet to cope with the massive social and economic problems resulting from the masses of the handicapped population not reached by these programs.

Mauritius has an island population of 900,000 and has been free of polio epidemics for the past ten years. The Health Ministry established medical clinics throughout all regions beginning in 1967 and successfully immunized all newborn and young children. Intensive follow-up care and public education is also provided. Similar results have been achieved with other childhood diseases. Handicapped persons under custodial care of rehabilitation services were usually persons in their twenties and early thirties. The youth were affected by blindness, deafness, mental retardation, mental illness and physical deformities from birth injuries, cerebral palsy, spina bifida and other congenital deformities. These results in Mauritius are good examples of the benefits of a comprehensive health and medical care system for other developing countries. However, there is need for a more productive program for meeting rehabilitation requirements of persons who are disabled. One doctor lamented the fact that he could not find any immunization against auto accidents and resulting permanent injuries.

Overview

Limited financial and professional resources stand as major barriers in efforts to improve and extend rehabilitative services to more unserved masses of handicapped people in Africa today. The problems of handicapped people in developing countries are massive,

but can be managed. In spite of progress made in serving the more seriously handicapped living in rural areas and small villages, national governments still view needs of handicapped people as peripheral to the more pressing problems of poverty, massive unemployment of able-bodied workers, housing, health and medical care, child welfare and public education.

There is great need for technical guidance and aid from international organizations and from governments where rehabilitation programs for handicapped people are well developed. There was much interest and enthusiasm in discussions with rehabilitation staff on concepts, process and service delivery systems reflecting an obvious curiosity and interest in rehabilitation systems, science and technology.

Much can be learned about the potential for employment for more severely handicapped people in developed countries by observing and participating in projects in many of the developing countries in Africa today. Cooperative production programs, rural employment centers and the cottage industry programs are a few of the ongoing activities which should be of interest to the rehabilitation community. The innovative use of the parent, as part of the therapy team in crippled children's clinics in Kenya, to relieve the shortage of physical therapists, the teaching of the parents of mentally retarded children, learning techniques for their use at home and productive projects for institutionalized persons are among the noteworthy projects. Many opportunities are also offered for research and evaluation for teaching and consultation. Opportunities are available, through university programs, United States Peace Corps, international programs of Goodwill Industries, Gallaudet College and

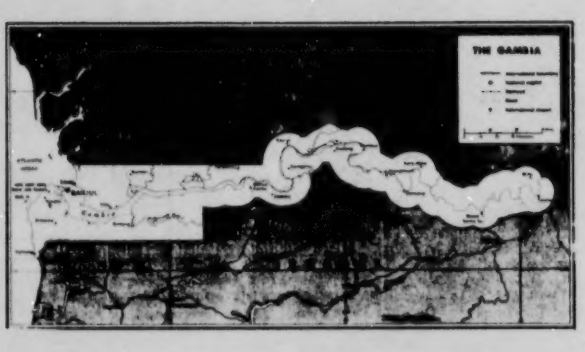
various other foreign service missions, Sister Cities and other people-to-people exchanges, e.g. Partners of the Americas, the international programs of the YMCA, YWCA, the Salvation Army, the Opportunities Industrialization Center, etc.

CURRENT DEVELOPMENTS IN PROGRAMS FOR HANDICAPPED PEOPLE - WEST AFRICA

The following sections provide summaries for each country selected for the project. Included in the summaries are pertinent information about rehabilitation, special education, health, basic information of the country and contacts and resources in rehabilitation and government.

Note: The focus of the visits and conferences were originally with the West African countries of The Gambia, Ghana, Liberia, Nigeria, Senegal, Sierra Leone, and Togo and are reported with greater intensity. East African countries are included in latter phases of the study to provide a broader spectrum of development on the continent.

The Gambia



PROFILE

Geography

AREA: 4,003 sq. mi. (10,367 sq. km.); about four-fifths the size of Conn. CAPITAL: Banjul (pop. 40,000).

People

POPULATION: 525,000 (1976 est.). ANNUAL GROWTH RATE: 2.8% (1976 est.). DENSITY: 131 per sq. mi. (51 per sq. km.). ETHNIC GROUPS: Mandingo (40%), Fula (13%), Wolof (12%), Jola (7%), Serahuli (7%). RELIGIONS: Muslim (85%), animist and Christian (15%). LANGUAGES: English (official), Mandinka, Wolof, and other native tongues. LITERACY: about 10%.

Government

TYPE: Republic. INDEPENDENCE: February 18, 1965. DATE OF CONSTITUTION: April 24, 1970.

BRANCHES: *Executive*—President (Chief of State and Head of Government), Vice President, Cabinet. *Legislative*—unicameral House of Representatives. *Judicial*—Supreme Court, subordinate courts.

POLITICAL PARTIES: Progressive People's Party (PPP), United Party (UP), National Convention Party (NCP), National Liberation Party (NLP). SUFFRAGE: Universal over 21. ADMINISTRATIVE SUBDIVISIONS: Banjul and 5 divisions.

FLAG: Three horizontal bands of red, blue, and green, with blue center band bordered by two narrow white stripes.

Economy

GDP: $88 million (1975 est.). ANNUAL GROWTH RATE: 12%. PER CAPITA INCOME: $140-$160 (1975). PER CAPITA GROWTH RATE: 14% (1975 est.).

AGRICULTURE: *Land* 55%. *Labor* 85%. *Products*—peanuts, rice, millet, sorghum, fish, palm kernels, livestock.

INDUSTRY: *Products*—peanut products, soft drinks, consumer clothing items.

NATURAL RESOURCES: Fish.

TRADE: *Exports*—$42 million (1975 estimate): peanut products (95%), palm kernels, fish, hides and skins. *Partners*—U.K., other EEC countries. *Imports*—$45 million (1975 est.): textiles, foodstuffs, machinery, transportation equipment. *Partners*—U.K., other EEC countries, Japan, People's Republic of China.

OFFICIAL EXCHANGE RATE: 4 dalasi=1 British pound sterling; 1.98 dalasi=US$1 (1975).

U.S. ECONOMIC AID: $5.2 million (1956-73); some P.L. 480 (Food for Peace) foodstuffs and $675,000 (recovery and rehabilitation program) to relieve conditions created by Sahelian drought.

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: U.N., British Commonwealth, Organization of African Unity (OAU), CILSS (Interstate Commission to Combat the Sahelian Drought).

OFFICIAL NAME: Republic of The Gambia

THE GAMBIA - Developments in Programs for Handicapped People

The Gambia is a small country with a population of approximately 500,000. It is located on the bulge of West Africa on a narrow strip of land along the lower reaches of the Gambia River. It has a fascinating history dating back to when it was part of the Empire of Ghana and the Kingdom of the Songhais. The Portuguese explored the Gambia River in the 15th century when it was part of the Kingdom of Mali. The Gambia became the pawn of Portugal, France, and Britain in the struggle for domination of the seas. Its location, and especially the navigable river, served as an excellent port for sailing ships and it served as an important embarkation point for the slave traders until slave trading was abolished in the British Empire in 1807. Slavery was not abolished in The Gambia region, however, until 1906. In 1889, The Gambia became a British Crown Colony. The country achieved its independence as a constitutional monarchy in 1965 and in 1970 elected to become a republic. It is governed by an elected president, with executive authorities, an elected legislative body and a judicial branch appointed by the central government.

The national economy is primarily agricultural. Its main products are peanuts, rice, millet, sorghum, fish, palm kernels, and livestock. These items are a major part of its export trade. Curiosity about The Gambia, which resulted from Alex Haley's "Roots" and the attractive beach resorts, are expected to substantially increase tourism as a major source of national income.

Developments in Rehabilitation

At the capital city of Banjul, meetings were held with cabinet-level people in the government ministries, staffs of health and social welfare and education ministries, leaders of organizations for handicapped persons, Catholic mission programs, United States Embassy staff and Peace Corps staff during the week of October 9-14, 1978.

The handicapped people in The Gambia do not have a single coordinated source of assistance. The majority of these people are cared for by their families or in the villages. There is, however, a limited amount of social services and some financial assistance available through the Ministry of Health and Social Welfare and from small private missionary groups.

The objectives of the Social Welfare Ministry include the improvement of urban and rural life and maximizing the elimination of physical and mental stress. Ministries are careful, however, to avoid development of programs where cost may be greater than the material gain. They are also responsible for giving support and direction to activities of various voluntary organizations, particularly in the area of the physically handicapped and youth rehabilitation.

The staff in social welfare recognizes the need for more active governmental initiatives for vocational rehabilitation services, but believes it is beyond their fiscal means. In the several conferences with key governmental officials, there was recognition of the need for more comprehensive planning by the administration. There is an appreciation for the need for training of staff in rehabilitation procedures and the development of resources for service delivery, counseling,

vocational training and employment development. A rehabilitation expert from the International Labor Organization reviewed the need for services for handicapped people in The Gambia in April 1976. No steps have been taken to implement the many recommendations made to the government authorities as of 18 months later.

Resources Available for Vocational Rehabilitation Program Development

The following information was included in an informative report prepared by Brown (1976), an International Labor Organization rehabilitation expert developed during his visit to The Gambia in 1976. Although no action has been taken by the government or other national organizations in The Gambia, the information included in the report is most appropriate for current planning purposes. We strongly urge follow-up by the Rehabilitation Division of the International Labor Organization and the United Nations Developmental Program to assist this government in initiating services for handicapped children and adults.

Reports on these facilities and recommendations are as follows:

Campama School for the Blind - This school was established in 1974 on the initiative of The Gambia Society for the Blind. It is non-residential and can accommodate only blind children residing in the Banjul area. Thirteen children are presently enrolled. The School provides training in Braille skills and a curriculum of academic subjects approved by the Ministry of Education. Instructional staff are provided by the Ministry of Education.

Adjoining the blind school is an elementary school where blind children share in some school programs, with sighted students, but not in the academic classes. Plans are being made to integrate these children

into the regular school program when they become sufficiently skilled in Braille. Resource teachers will be assigned to supervise their progress and ensure that they are not encountering insurmountable problems.

A comprehensive blind training program should include training facilities in mobility skills so that the blind person can achieve a maximum of independence in getting around. It is hoped the school will introduce a program of instruction in long-care techniques, sensory and perceptual training.

Royal Victoria Hospital - This is an acute-care hospital with a capacity of approximately 250 patients. The diagnostic and treatment services provided appear to be of high standards though there seems to be a need for expansion, in terms of staff and equipment, in some of the departments.

There is a small physiotherapy section and one staff therapist. With the rising incidence of traffic accidents, more orthopedic cases are being admitted for treatment. Consequently, there is an increasing need for physiotherapy services. When the therapist is not available, the section is closed. Until such time as other qualified personnel are obtained, it would seem desirable to provide the therapist with an understudy so that the service can continue during periods of vacation, sickness, etc.

Gambia Red Cross - Supported financially by the Swedish Red Cross, this agency conducts a blood transfusion service, and operate a mobile health clinic and day-care centers. There is a likelihood that the Swedish Red Cross will be withdrawing some of its financial aid and alternative sources of income are being investigated.

Mr. S. E. Naucler, Field Delegate, League of Red Cross Societies, reports that one of the ideas under consideration is a factory for the manufacture of low cost soap. The raw materials of soap are readily available. The International Labor Organization has suggested the establishment of a soap factory, or other small scale industry, to employ disabled persons. It is possible that the development of this type of business enterprise can be included within the terms of reference of the ILO vocational rehabilitation technical assistance project for The Gambia.

Yorri Berri Kunda Training Center for the Blind - (now closed)

Initiated by the British Commonwealth Society for the Blind, this residential training center for blind, male adults was established in 1962 on a nine-acre property near Georgetown, approximately 185 miles from Banjul. It was closed in December 1974.

The campus consisted of 14 two-bed housing units, ten of which were allocated to trainees and four for staff. Other facilities included a dining hall and kitchen, storeroom, workshop and manager's house. Though the center could accommodate 20 students, the enrollment never exceeded 15.

The nine-month training program covered agricultural work, vegetable cultivation and some rural crafts such as cane-splitting and basket-making, intended to provide blind workers with a source of employment during the farming seasonal lull.

The training center originally adjoined a larger government agricultural project which moved to a new location a year or two after the center was established.

A number of reasons have been put forward for the failure of this training program, but perhaps the main cause was that there was virtually no administrative control. The immediate responsibility for its supervision was invested in a board of management in Georgetown, but this board seldom met and appears to have provided only token supervision. The lack of administrative back-up, transportation and provision for follow-up, no doubt, contributed to the closing of the center.

Allatentu Leprosy Center

There are presently 13 patients (11 male and two female) institutionalized at this leprosy center. One patient, with both feet amputated, has been a resident at the center for over 20 years.

There are no facilities for physiotherapy, prosthetic services or orthopedic footwear. Though some of the patients show active symptoms of the disease, there appears to be no adequate facilities for treatment nor any nursing staff. It would be desirable if these patients could be transferred to hospitals where they could receive the necessary treatment and nursing care.

Campama Mental Hospital

Sixteen male and 11 female patients are presently receiving care in this hospital for psychiatric disorders. The hospital was established in 1952. Persons presenting psychiatric problems in The Gambia are generally reported to the police who refer them to the Royal Victoria Hospital in Banjul. After examination, they are placed in the mental hospital for custodial care and drug therapy.

Aside from a vegetable garden cultivated by the male patients on a more or less voluntary basis, there are no facilities for occupational therapy or recreation and no provisions for resettlement and follow-up services after discharge. The Matron reports that some patients are rejected by their families and return to the institution. She sees the need for a rehabilitation center where recovered patients could be referred for vocational and social resettlement assistance.

Vocational Training Center

This vocational training school, under the administration of the Ministry of Education, offers a high quality of skilled instruction in carpentry, building instruction, auto mechanics, welding, machine shop and clerical activities.

During the two-year program (three years for carpentry), students spend 18 months in the training center and four months training on the job with selected employers. The center plans to extend its curriculum to include auto, plumbing, pipe fitting and electrical courses. Mr. M. Njie, Principal, confirms that there is a need in industry for armature winders and feels this type of training might be suitable for inclusion in a rehabilitation training program.

Catholic Relief Services

This agency provides a range of voluntary services in the areas of health, nutrition and day care centers and has kindly offered to extend its activities to vocational rehabilitation, if a suitable program can be developed.

Mr. Colin E. Clark, Program Director, suggests one area in which his agency can provide assistance. At the conclusion of a rehabilitation training program, tools or equipment will be required to establish the rehabilitant in employment, preferably in his home area.

Mr. Clark indicates that supplies for this purpose can possibly be provided by the Catholic Relief Services.

Leprosy Control Program - Dr. J. A. M. Ypma, Director of the Leprosy Control Program, estimates the incidence of leprosy in The Gambia at one percent of the population (1,500 patients have been identified and registered). The incidence of disability among leprosy patients is estimated at 33 percent and Dr. Ypma would welcome the introduction of a vocational rehabilitation program where disabled leprosy victims of employable age could be given an occupational skill and resettlement assistance.

As in other African countries, the practice is now to have leprosy patients treated through community health facilities rather than colonizing them in leprosy centers. Dr. Ypma has recommended closure of the Allatentu Leprosy Center.

Planning Considerations as Recommended by the ILO

The following are recommendations by Brown (1976): National Rehabilitation Advisory Council - Although there is a need for the creation of a National Rehabilitation Council, at this early stage in the development of a national program of social services in The Gambia, a social welfare council, which is presently under active consideration, might well include the formulation of policies and the development of facilities and programs for the disabled within its terms of reference.

Since rehabilitation involves a collaboration of disciplines in medical, social, educational and vocational fields, coordination is essential between the ministries and voluntary bodies providing these services. Effective communication is needed at both the inter-ministerial and grassroots levels, if the program is to succeed.

The social welfare council, when convened, is likely to be burdened with a variety of urgent social problems and may not be able to give due attention to the needs of the disabled and to questions involving additional facilities in special education.

In the long term, it is felt that a rehabilitation council should be established, but, for the time being, this responsibility might be invested in the Social Welfare Council. The functions of a Rehabilitation Advisory Council should be:

a. To coordinate the activities of government and voluntary agencies engaged in the rehabilitation of disabled persons;
b. To promote the development of special education and vocational rehabilitation services throughout the Republic;
c. To formulate a national rehabilitation policy and to make recommendations to the appropriate branches of government; and
d. To develop standards of special education and rehabilitation services available to disabled persons.

Special Education

The Campama School for the Blind offers the only facility in special education and, being non-residential, it can serve only blind children residing in the Banjul area. There is a need to develop residential educational facilities for the blind, deaf-mute and educable mentally retarded. If government funding is not available to provide the capital costs involved, voluntary bodies including church organizations, might be persuaded to launch these programs. The following internationally-accepted guidelines on educational services for handicapped children are submitted for consideration:

a. The Ministry of Education should have the responsibility for all educational services, including special educational facilities to disabled children.

b. Disabled children should, wherever possible, be educated with non-disabled children in the educational process.

c. The concept of individual differences between children should be taught to students in the school system to help them to accept handicapped children.

d. Education should be provided without cost to the disabled child or his family. Legislation should define financial and administrative responsibility for educational programs.

e. The physical environment, facilities and services necessary for education accessible to the handicapped are essential components of the educational process. These include transportation to and from the learning site, fully accessible physical facilities and suitable technical and educational aids.

f. School authorities should be encouraged to offer special educational services as early as the pre-school age as the need for such services is recognized.

g. Handicapped persons, their families and representatives of organizations for the disabled should play a vital part in the formation and evaluation of education programs.

h. All children requiring special education should be provided, wherever possible, with teachers who have had specific training in this field.

i. Teacher training programs should provide knowledge and understanding of handicapped students. Teachers should be familiar with the specific roles of the psychologist, social worker, physiotherapist and other professional and paraprofessional workers who function within the rehabilitation process.

j. Physical barriers should be eliminated in school buildings to facilitate accessibility to disabled students. On new school construction, architectural features such as sloping ramps instead of stairs, handrails on stairways, level threshold to rooms, non-slip floors, special washroom and toilet facilities, etc. can be incorporated in the design at no extra cost.

k. Vocational training centers should be encouraged to accept disabled students who are likely to benefit from vocational training. Wherever possible, the disabled should be trained with the non-disabled at all educational levels -- academic, vocational, technical and university.

Coordination with Community Development Program

In discussing with community development officers at Basse as to how they might cooperate with the Social Welfare Department in a rehabilitation program, two areas emerged in which the two departments might work together.

Community development officers work in the rural area and are in an excellent position to identify disabled persons likely to benefit from the rehabilitation process. Guidelines for referral would be necessary and a referral system worked out.

A rehabilitation center would provide community development workers with a valuable resource in their work with the rural population. Being a "local" person himself, the community development officer can often be more effective than an outsider in removing some of the objections to professional assistance. The extended family unit, particularly in the rural areas, tends to overly protect its disabled members. This care, however well-intentioned, does tend to foster dependency of the disabled upon others.

Another area for possible cooperation is in the resettlement and follow-up process. The community development officer can provide a valuable service by working with the rehabilitee to ensure that he is given every possible assistance in establishing himself vocationally and in resolving any problems hindering resettlement.

Proposal for a Pilot Vocational Rehabilitation Center

The objectives of a vocational rehabilitation program should aim to:

a. Help disabled persons gain or recover work habits;
b. Provide assistance and guidance on social problems which may be hindering rehabilitation and resettlement;
c. Provide physical conditioning when necessary;
d. Provide medical, psychological and vocational assessment;
e. Develop morale, self-confidence and social adaptability;
f. Provide literacy, occupational and citizenship training; and
g. Provide suitable employment for the rehabilitee and follow-up his progress, as may be indicated, to ensure his satisfactory vocational and social resettlement.

The starting point in the development of a national program of rehabilitation services would be to establish a pilot, multi-purpose rehabilitation center, preferably residential, and with an initial capacity of 60.

This center would incorporate assessment facilities (medical, social and vocational) and offer a variety of work preparation courses in the agricultural, rural crafts, animal husbandry, industrial and service areas. There would be many advantages in having a rehabilitation center "grafted" on to an existing vocational or agricultural training program where technical assistance would be readily available and some of the training facilities could be shared. The objectives of a rehabilitation center and a vocational/agricultural training program are similar in the sense that both are employment-oriented. However, they cater to different needs.

The disabled person is generally multi-handicapped. In addition to a physical or mental impairment, he may lack social skills, require cultural enrichment and literacy upgrading in addition to the need for occupational training. The aim, then, is not to attempt to give the disabled person technical training, but rather to remove or ameliorate the aforementioned handicaps, teach him an employable skill and provide assistance in getting him resettled in his home community.

A production workshop, adjoining the rehabilitation center, would offer the opportunity for work experience and also provide a source of employment for rehabilitees who may require sheltered employment conditions.

Channels of communication would be established with the employment exchange, community development program, voluntary agencies and other

community resources. Referrals would emanate from hospitals, health centers, special schools, community development programs, voluntary welfare agencies, Labor Department (e.g. disabled workers), leprosy control program and other sources, including self-referrals through rehabilitation publicity.

The center would cater to both male and female rehabilitees. Rehabilitation courses would have a duration of approximately one year, though the actual length of training will depend on individual process. Flexibility is a key consideration in a rehabilitation program. A monthly intake would ensure a staggered graduation which would facilitate the placement and resettlement process. Built into the program would be a systematic procedure of follow-up undertaken by community development officers until field social workers are available.

The location of a pilot rehabilitation center requires careful consideration. It should be situated within the physical control of the executing authority, preferably attached to an existing vocational/agricultural training program and accessible to medical, paramedical and social services.

The Lamin Agricultural and Technical Center - Situated 15 miles from Banjul, it appears to meet these criteria and provides the type of environment which would be suitable for the location of a vocational rehabilitation program.

This center conducts a dynamic program of training in agriculture, animal husbandry and industrial skills. Some of the training facilities, particularly in agriculture and animal husbandry, could possibly be utilized in a vocational rehabilitation program. Eventually, there will

be a need to establish additional rehabilitation centers throughout the Republic. A comprehensive program of vocational rehabilitation will include production workshops, cooperatives for the disabled, a home employment scheme for the profoundly disabled, and possibly a mobile rehabilitation unit. However, a pilot rehabilitation center is seen as the first step in the development of a national program. To ensure that it conforms to established principles in vocational rehabilitation and to train the needed personnel, outside assistance is more desirable.

Conclusions and Recommendations

It is estimated that approximately ten percent of the population of The Gambia are disabled as a result of physical or mental impairment and require some form of rehabilitation services in order to achieve maximum functioning ability and social and economic independence.

Present national resources in medical, social and vocational rehabilitation are minimal and there is no clear cut definition of the respective responsibilities of government and the voluntary agencies in providing the required services.

In the field of special education, there is one non-residential school for the blind. No facilities exist for the education of deaf or trainable retarded students.

Similarly, there are no established means to prepare disabled persons within the employable age range for entry into the workforce. In addition, there is an urgent need to expand services in medical rehabilitation including the introduction of a prosthetic and orthotic department and workshop.

Summary

There is definitely a need for foreign assistance to help initiate a sound national program of habilitation and rehabilitation. Consultation is recommended with the World Rehabilitation Fund, Goodwill International and the ILO in order to amalgamate the resources for a pilot program of significance.

With proper backing of the above-named organizations and the United Nations Developmental Program, the government could develop a pilot demonstration project (a training and employment workshop), initiate case finding and a counseling program, upgrade physical medicine and restoration procedures, i.e. limbs and braces and send staff to other countries for training.

A three to five year plan, approved by the government, involving citizen's groups, USAID, Peace Corps and other international bodies, could provide much in the way of a suitable foundation for future programs for handicapped youth and adults.

THE GAMBIA - People and Resources Related to Rehabilitation Developments

Mr. John J. N'dow
Permanent Secretary
Ministry of Health, Labor and
Social Welfare
Banjul, The Gambia

Hon. M. C. Jallow, M.P., Minister
Ministry of Health, Labor and
Social Welfare
Central Bank Building
Banjul, The Gambia

Dr. E. M. Samba
Acting Chief Medical Officer
Medical and Health Department
Banjul, The Gambia

Anthony Kalley
P.O. Box 207
Banjul, The Gambia

Mrs. Ola N'dow, Physiotherapist
Royal Victoria Hospital
Independence Drive
Banjul, The Gambia

Mr. R.K.O. Joiner, Chairman
Gambia Society for the Blind
c/o Department of Social Welfare
8A Marine Parade
Banjul, The Gambia

Mr. Orlando Fowlis, Teacher
Campama School for the Blind
75 Lemon Street
Banjul, The Gambia

Lee Kolker
The Gambia Consulate
P.O. Box F
Stanfordville, New York 12581

Yvonne Jackson, Peace Corps Director
c/o Embassy of the United States of
America
Banjul, The Gambia

Mr. Ausman N'Jie
Blind Motor Mechanics
18 MacDonald Street
Banjul, The Gambia

Mr. C. R. Cole
Director of Education
Education Department
Bedford Place Building
Banjul, The Gambia

Sister Murielle Savard
R. C. Vocational School for
Girls - P.O. Box 536
Banjul, The Gambia

Father O'Conner
Agricultural Training Center
L'Amiri
Banjul, The Gambia

Douglas P. Bloome
USAID Operations Officer
P.O. Box 596
16 Buckle Street
Banjul, The Gambia

Rose Nesberg
Acting Charge de Affaires
Embassy of the United States of
America
Banjul, The Gambia

Musa Sey, Assistant Secretary
Ministry of Health
Banjul, The Gambia

Moro A. B. Corrah
Acting Senior Social Welfare
Officer
8A Marine Parade
Banjul, The Gambia

Mr. Melville Foster
Commissioner of Prisions
Central Prisons
Mile 2
Banjul, The Gambia

Ghana

PROFILE

People

POPULATION: 10.6 million (1977 est.). ANNUAL GROWTH RATE: 2.9% (1977 est.). DENSITY: 115 per sq. mi. (44 per sq. km.). ETHNIC GROUPS: Akan, Ewe, Ga. RELIGIONS: 45% animist, 43% Christian, 12% Muslim. LANGUAGES: English (official), Akan, Ewe, Ga, Hausa. LITERACY: 30% of adult population. LIFE EXPECTANCY: 48 yrs. YEARS OF MANDATORY EDUCATION: 10 (if facilities are available).

Geography

AREA: 92,100 sq. mi. (238,538 sq. km.); about the size of Ill. and Ind. combined. CAPITAL: Accra (pop. 840,000). OTHER CITIES: Kumasi (353,000), Tema (169,500), Sekondi-Takoradi (110,000).

Government

TYPE: Military. INDEPENDENCE: March 6, 1957. DATE OF CONSTITUTION: 1969 (abolished 1972; new one to be drafted in 1979).

BRANCHES: *Executive*–Supreme Military Council (SMC), National Redemption Council (NRC). *Legislative*–Disbanded. *Judicial*–Supreme Court, abolished; lower courts function.

POLITICAL PARTIES: Banned. SUFFRAGE: Universal at age 21 (elections planned for 1979).

ADMINISTRATIVE SUBDIVISIONS: 9 Regions.

FLAG: Three horizontal stripes of red, gold, and green, with a black star in the center of the gold stripe.

Economy

GDP: $7.952 billion (1976 market price estimate); 1976 GDP at 1968 market prices–$1.850 billion. REAL GDP GROWTH: 2.9% (1976). PER CAPITA GDP: $580 (1976, based on official exchange rate). REAL PER CAPITA GROWTH RATE: negative 2.4% (1976). AVERAGE RATE OF INFLATION (last 5 yrs.): 36%; from 6/76-6/77: 145%.

AGRICULTURE: *Land* 70% arable and forested. *Labor* (including forestry and fishing) 60%. *Products*–cocoa, timber, coconuts, coffee, subsistence crops, rubber.

INDUSTRY: *Labor* 10%. *Products*–mining, lumber, light manufacturing, fishing, aluminum.

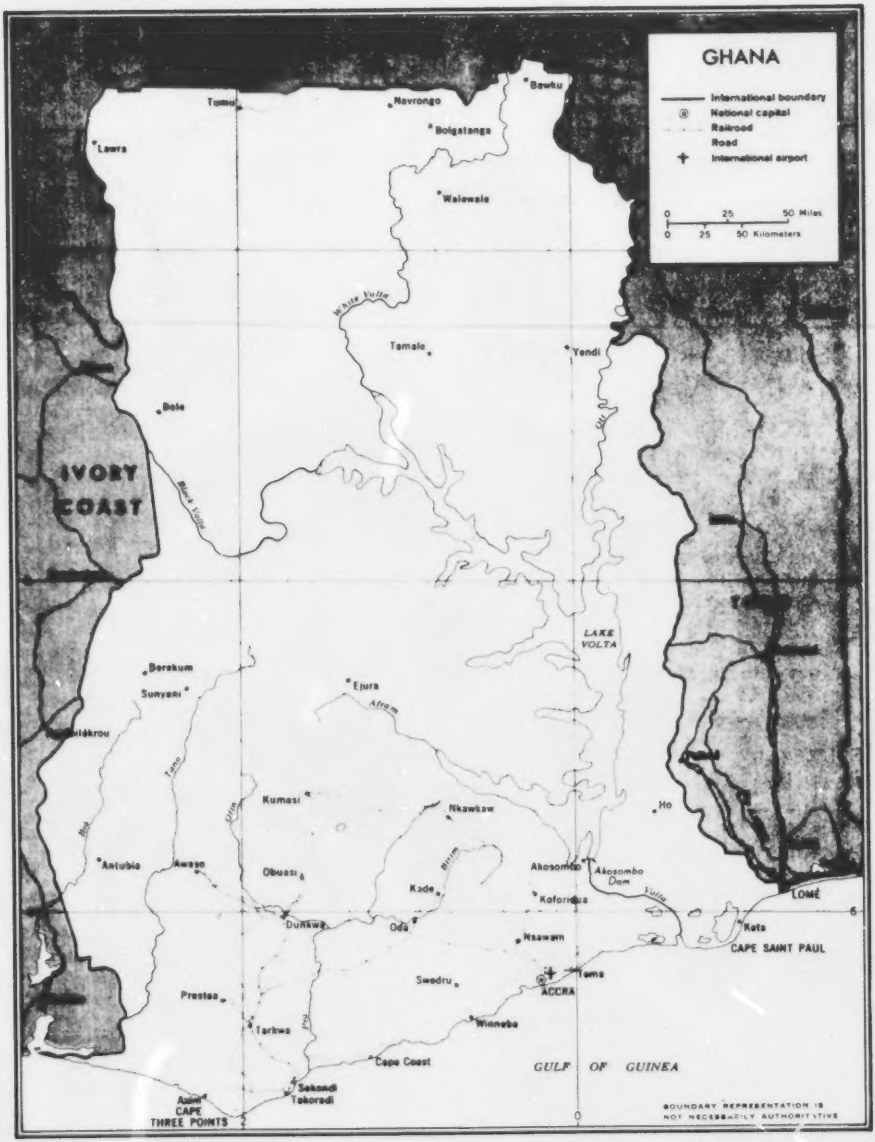
NATURAL RESOURCES: Gold, diamonds, bauxite, manganese, fish.

TRADE (1976): *Exports*–$804 million: cocoa beans and products ($516 million), gold, timber, manganese ore. *Imports*–$842 million: petroleum ($100 million), food, industrial raw materials, machinery, transportation equipment.

OFFICIAL EXCHANGE RATE: 1.2 cedi=US$1 (Dec. 1977).

ECONOMIC AID RECEIVED: *Total*–$958 million (bilateral assistance 1960-76). *US only*–$338 million: loans–$205 million; grants–$35 million; PL 480–$78 million; Peace Corps–$20 million (1957-76).

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and its specialized agencies, Organization of African Unity (OAU), Economic Community of West African States (ECOWAS), British Commonwealth, INTELSAT.



OFFICIAL NAME: Republic of Ghana

GHANA - Developments in Programs for Handicapped People

Ghana is an independent republic of West Africa bounded on the north by Upper Volta, on the east by Togo and on the south by the Atlantic Ocean. It is composed of the former colonies of the Gold Coast, Ashanti and the trust territory of Togoland. The chief mineral resources include gold, silver, iron, bauxite and diamonds. The majority of the population are agricultural workers who live on farms or small villages. The most important crop is cocoa.

The government of Ghana initiated action in the early 1960's to establish a comprehensive nationwide vocational rehabilitation program with services for handicapped people of all ages. It currently has the best organized, staffed and functioning system throughout the central sub-Sahara region providing rehabilitation services to more than 500 disabled adults annually. The program includes skilled well-trained staff counselors, trade instructors and supervisory personnel. The services include physical restoration, travel facility and skills, artificial limbs, wheelchairs, braces, etc.

The program seeks to develop independence and self-care for handicapped persons and provides a variety of vocational training opportunities especially designed for the handicapped person in any location, e.g. in the urban community or in small villages throughout the countryside.

Vocational rehabilitation programs for the disabled are the responsiblity of the Ministries of Labor, Social Welfare, Community Development and Cooperatives. Advisory committees at the regional and national levels, consisting of representatives of the Ministries, the Ghana Employers Association and the Trade Union Congress, provide

technical advice and guidance for the program. The Deputy Director for the Rehabilitation Program, Mr. J. B. Amoako, was trained in Great Britain and has had expert assistance from the West German government, the International Labor Organization and private voluntary groups. Many of his staff have had professional training in rehabilitation methods in the United States.

The Ghana Vocational Rehabilitation Program could easily serve as a model and provide technical assistance to other African countries in the development of their programs. This idea has been suggested to principal persons in Sierra Leone and could provide an important base for interchanges among other African countries.

Existing Rehabilitation Facilities

Industrial Rehabilitation Center - Accra, Ghana

Residential - Offers training in rug and bag-making, copy-typing, rural crafts, carpentry, metal work, joinery or furniture making, shoe-making and repair and tailoring.

Vocational Training Rehabilitation Center, Biriwa, Cape Coast

Provides training in basic trade skills including building construction, metal work, wood carving and art crafts. Emphasis is on preparation for rural employment trades and self-employment.

Rural Rehabilitation Training Centers

Located in rural areas throughout Ghana. Locations include Ho, Somaya, Secondi, Edwenase, Tamale and Sunyani.

Training courses include home craft skills, dressmaking, kinte cloth weaving and dyeing, leatherwork, sea grass weaving, farming, poultry raising, shoemaking and tailoring.

Home and School for Mentally Retarded Children - Accra, Ghana

State School for the Deaf - Accra, Ghana

Akropong School for the Blind - Accra, Ghana

Manpong School for the Deaf - Accra, Ghana

Manpong Teacher Training Center - Accra, Ghana

Y.M.C.A. Trade Training Center - Accra, Ghana

Occupational Industrial Center - Osu, Ghana

Private Voluntary Organizations in Ghana

Ghana Society for the Blind

Ghana Cripples Aid Society

Ghana Society for the Deaf

Society of Friends of Mentally Retarded Children

Society of Friends of Lepers

Society for the Prevention of Tuberculosis

St. Joseph's Hospital- Includes artificial limb and brace shop.

Progress and Problems for Period Under Review

At the most recent visit (November 1978), members of the United States Embassy staff, the USAID and Peace Corps Director's staffs were most cooperative and were concerned with the developments of meaningful education and vocational rehabilitation programs for handicapped people in Ghana. The major U.S. problem in this country, as it is in most others, is the lack of awareness on the part of the U.S. Missions of the extent of problems of disability and need for rehabilitation services.

The Peace Corps has assigned volunteers to an institution for the mentally retarded near Accra, but officials seemed unfamiliar with the larger development of rural rehabilitation centers or of developments for

educational programs for professional personnel at Cape Coast University. The Peace Corps Director expressed a desire for volunteers with backgrounds in counseling, rehabilitation, services planning, vocational education, physical therapy and special education methods. These needs were expressed by many Peace Corps directors when they saw the need to assist in the development of rehabilitation and educational programs for handicapped children and adults.

The program of rehabilitation services has been able to maintain a good level of services in spite of difficult economic conditions in the country and loss of some experienced personnel to other programs. The German government is providing substantial management and operational support for two industrial training and production centers. The vocational training and rehabilitation center at Biriwa, near Cape Coast, has been substantially enlarged to provide a furniture and manufacturing and dressmaking operation. The Center has programs in building construction trades, metal work, tailoring, basket-weaving, leather craft and shoemaking. The School officials are currently developing plans for a poultry farm and a community farm operation called "A Feed Yourself Program."

Other developments of note included meetings with the Chancellor and faculty of the Department of Education at Cape Coast University. A keen interest in special education and rehabilitation has been developed as a result of their experiences in conducting two summer workshop study sessions. Faculty from Rutgers University, with support provided by the World Rehabilitation Fund, provided the university support needed to institute these programs.

An excellent seminar on Special Education and Rehabilitation Counseling was conducted during July-August 1979, and supported by a grant provided by the World Rehabilitation Fund which made possible the attendance by persons from other West African countries.

A position paper by J. B. Amoako (1978), Deputy Director for Rehabilitation, provides an excellent review of the role of the Ministry of Labor, Social Welfare and Cooperatives in services for the disabled. The paper stated, "It is the primary duty of governments to provide the means for people, including the disabled, to improve their standard of living. The Ministry of Labor, Social Welfare and Cooperatives is one of the governmental agencies charged with responsibility for providing services for the disabled and this is done through its operative and the Department of Social Welfare and Community Development." Mr. Amoako also stressed that in modern rehabilitation theory and practice, team-work cannot be overemphasized. At the center of the team is the disabled person himself. Upon his cooperation, endurance and courage, success ultimately depends. Around him are grouped ideally all the services - medical, education, psychological, social and vocational - that can be of assistance to him in his particular case. These services must work in collaboration with one another, each dealing with its own special side of the problem, but not in isolation.

In another recent paper by J. B. Amoako (1979), he sensitively deals with the issue of integration of the disabled into the community. He covers such issues as family and community attitudes, marriage and sexual relationships, socialization, cultural and religious practices. Mr. Amoako points up some problems that developing nations must deal with if rehabilitation services are to be effective. He stated, "In

the developing countries, education and training facilities are inadequate for the disabled. Hence, the disabled is limited in his choice of career or vocation. The paucity of facilities is due to economic constraints. This makes it impossible to establish training institutions with a variety of facilities. The disabled are, therefore, given training in such things as basketry, tailoring, leatherwork and so on. There is also lack of voluntary participation in the provision of facilities. The overall occupational opportunity is, consequently, severely limited. Other problems in this area include:

1. Laissez-faire attitude of government or lack of any coherent policy regarding education and training for disabled persons.
2. Segregated schools and special training institutions.
3. Non-availability or inadequacy of provision of artificial limbs, orthopedic appliances and other technical aids.
4. Inaccessible buildings.
5. Inadequacy of financial and manpower resources.
6. Lack of effective communication between professionals of different disciplines, between professionals and their clients, between professionals and other groups in the community, including volunteers, administrators and planners."

The author suggests a number of realistic approaches to correct the above deficiencies. The final paragraph encapsulates the emphasis of Mr. Amoako's paper, "I do wish to emphasize that Integration means that the disabled person will have the same opportunities to form friendships as his non-disabled fellows; he will have the same chances

to make social contacts; he will have the same access to the social groups related to his age and family background and find a satisfying niche in them."

RECOMMENDATIONS

1. An exchange of information, especially in the area of vocational evaluation is needed by the Department of Social Welfare and Community Development at Cape Coast, Ghana. Reference materials have been sent to them and should continue to be shared.
2. There is a need to explore the possibility for U.S. Agency for International Development support for improvement of an Industrial Workshop. Plans and specifications will be sent from Ghana by the Director.
3. Follow-up contacts are needed with the appropriate Sister Cities representative in the United States.
4. Plans should be coordinated with the Director of the Council of International Programs in Cleveland to include training experiences in rehabilitation counseling for selected staff and experiences in rehabilitation centers. The following facilities were recommended: Human Resources Center, Mental Retardation and Blind Centers in New York, in Fishersville, Virginia, in Cleveland and, in Minneapolis.
5. A follow-up proposal is necessary for the Peace Corps in Washington. Contact is also needed for Sister Cities to secure technical assistance with training center developments.
6. Technical assistance in the development of an agricultural project for the deaf with the Peace Corps in Accra should be encouraged.

7. The film, showing rehabilitation programs in Ghana, should be publicized throughout West Africa and made available on a loan basis to interested countries by the International Labor Organization, United Nations Developmental Program and the World Rehabilitation Fund.

8. Training and technical assistance programs with Sierra Leone and Liberia could be provided by Mr. Amoako of Ghana or members of his staff. The World Rehabilitation Fund, in conjunction with the World Health Organization, could assist these countries with training programs for prothetists and orthodists through the establishment of a training facility at the John F. Kennedy Memorial Hospital in Monrovia. Persons invited from Sierra Leone, Liberia, Ghana and other countries could participate.

9. Although there are many other areas in which there can be mutual cooperation, the suggestion of a conference among these West African countries regarding present status and developments as well as goals for each of the countries, could certainly be of considerable value. Reports from ILO, World Health Organization, the United Nations Developmental Program and UNESCO would suggest much needed rehabilitation activities relating to children and adults in these countries.

GHANA - People and Resources Related to Rehabilitation Developments

Thomas Tetteh
District Supervisor
Cape Coast, Ghana

Billy Graham
District Director
Social Welfare
Cape Coast, Ghana

E. Netsey Afedo
Department of Educational Foundations
University of Cape Coast
Cape Coast, Ghana

George Collison
Agency Head
Department of Curriculum and Teaching
University of Cape Coast
Cape Coast, Ghana

Kofi Marfo
Teaching Assistant in Sepcial Education
University of Cape Coast
Cape Coast, Ghana

Professor S. K. Odamtten
Pro-Vice Chancellor
University of Cape Coast
Cape Coast, Ghana

Reverend Dr. J. Brookman-Amissah
Senior Lecturer
Dept. of Educational Foundations
University of Cape Coast
Cape Coast, Ghana

B. J. Aidoo
Department of Educational Foundations
University of Cape Coast
Cape Coast, Ghana

Mr. Richard D. Moore, Director
International Communications Agency
Accra, Ghana

Mr. Jonathan Queyefa
YMCA Regional Secretary
Accra, Ghana

J. Richard Overturf
Cultural Affairs Officer
International Communications Agency
Accra, Ghana

Mr. A. A. Sarkodee
Acting Secretary
Ghana National Council, YMCA
Accra, Ghana

Rear Admiral D. A. Hansen
Director, National Vocational Training Institute
Accra, Ghana

Mr. J. B. Amoako
Deputy Director
Rehabilitation, Social Welfare and Community Development
Accra, Ghana

Mr. J. B. Asamane, Director
Industrial Rehabilitation Training Center
Accra, Ghana

Mr. Irvine Koker
Program Officer
U. S. Agency for International Developments
Accra, Ghana

Mr. Peter Zabrinski
Peace Corps Director
Accra, Ghana

Honorable Robert Smith
U. S. Ambassador
Liberia and Row Roads
Accra, Ghana
Phone: 668-11

GHANA - People and Resources Related to Rehabilitation Development - cont.

Kermit Bashe
Counselor for Public Affairs
U. S. Embassy
Accra, Ghana

Shane McCarthy
Peace Corps Director
Accra, Ghana
Phone: 270-06

Mrs. May N. Nartey
Department of Social Welfare
and Community Development
P.O. Box N-230
Accra, Ghana

Mrs. Annie Jiagge
Justice of the Supreme Court
Accra, Ghana

Mr. Moses L. Perry
YMCA Liaison Representative
Office of the International
Division of YMCAs (West Africa)
P.O. Box 738
Accra, Ghana
Phone: 24700

Dr. Seth Ocloo
Department of Social Welfare
and Community Development
P.O. Box 640
Accra, Ghana

Al Jacobs
OIC at Osu
Accra, Ghana

Ambassador of Ghana
2460 16th Street, N.W.
Washington, D. C. 20009

Liberia

PROFILE

People

POPULATION: 1,733,000 (Jan. 1978). ANNUAL GROWTH RATE: 3.3%. ETHNIC GROUPS: 5% descendants of immigrant Negroes, 95% indigenous tribes, the largest of which are Kpelle, Bassa, Gio, Kru, Grebo, and Mano. RELIGIONS: Tribal religions 75%, Muslim 15%, Christian 10%. LANGUAGES: English (official); over 20 local languages and dialects of the Niger-Congo language group. EDUCATION: *Years compulsory*–11. *Percentage attendance*–primary 40; secondary 16. *Literacy*–24%. HEALTH: *Infant mortality rate*–159 per 1,000 (US=15/1,000). *Life expectancy*–46 yrs.

Geography

AREA: 111,370 sq. km. (43,000 sq. mi.). CITIES: *Capital*–Monrovia (p.p. 210,000); Harbel (60,000), Buchanan (25,000), Yekepa (16,000). TERRAIN: Rolling plateau bordered by coastal plain and low mountains near inland borders. CLIMATE: Warm and humid throughout the year.

Government

TYPE: Republic. DATE OF INDEPENDENCE: 1847. CONSTITUTION: July 26, 1847. BRANCHES: *Executive*–President (Chief of State and Head of Government), Vice President, Cabinet. *Legislative*–bicameral (Senate, House of Representatives). *Judicial*–Supreme Court, circuit courts.

POLITICAL PARTY: True Whig Party. SUFFRAGE: Universal over 18. ADMINISTRATIVE SUBDIVISIONS: 9 Counties. CENTRAL GOVERNMENT BUDGET: $167 million (1976). DEFENSE: 0.06% of GNP (1976 est.).

FLAG: 11 horizontal red and white stripes, with one white star in a blue field in upper left corner.

Economy

GDP: $823 million (1977). ANNUAL GROWTH RATE: 4%. PER CAPITA INCOME: $450. AV. RATE OF INFLATION 1970-76: 10.3% per year.

NATURAL RESOURCES: Iron ore, rubber, timber, diamonds.

AGRICULTURE: *Products*–rubber, rice, oil palm, cassava, coffee, cocoa.

INDUSTRY: *Types*–iron and diamond mining, rubber processing, food processing, lumber milling.

TRADE (1977): *Exports*–$447.4 million: iron ore, rubber, timber, diamonds. *Partners*–West Germany, US, Italy, Belgium. *Imports*–$463.5 million: machinery, petroleum products, transportation equipment, foodstuffs. *Partners*–US, Western Europe.

OFFICIAL EXCHANGE RATE: Liberia uses US dollars.

ECONOMIC AID RECEIVED: *Total*–$44.4 million from international agencies (FY 78), $23.3 million from other bilateral donors (CY 77). *US aid*–$6.4 million (1978).

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and most of its specialized agencies, Organization of African Unity (OAU), Economic Community of West African States (ECOWAS), Mano River Union.

OFFICIAL NAME: Republic of Liberia

LIBERIA - Developments in Programs for Handicapped People

Liberia has the distinction of being the oldest republic in Africa. It was founded in 1847 by freed slaves from the American colonies. The Liberian government is modeled after the United States, with an executive, legislative and judicial branch. This country has maintained a fairly stable government and good relationships with the United States. It has important exports of rubber, bauxite and iron ore.

During the past ten years, important attention has been given to improvement of human services, health and educational programs. Included in these developments are proposals to improve health and educational services for crippled children. Progress has been slow in the development of programs for the adult handicapped. There are concerned people in Liberia, but very little organization to provide the necessary leadership.

Liberia has a population of an estimated 1.8 million people with almost 75 percent residing in rural areas. Based on World Health estimates of distribution of disability by population, it is estimated that Liberia has a population of 216,000 handicapped persons. This includes persons who are blind, deaf, mentally ill or retarded, amputees, persons with spinal injuries, orthopedic deformities, paralysis, cardiopulmonary conditions and persons handicapped as a result of epilepsy, cerebral palsy or other birth injuries and leprosy. Currently, no more than 200 persons are receiving rehabilitative services of any kind related to eventual vocational preparation and future employment possibilities.

The Liberian government has received technical assistance on two occasions from the Vocational Rehabilitation Section of the International

Labor Organization (ILO). The ILO advisor visited Liberia in June of 1972 and again in April of 1976. On both of these occasions, substantial recommendations were made to the government for the development of service programs for handicapped people. However, the lack of technical skills, knowledge of rehabilitation methods and procedures and limited resources to organize a program has hindered more substantial development of program services. Currently, there is a growing consciousness of the needs of handicapped people and of the economic loss due to their inability to make productive use of larger numbers of handicapped people in the work force.

Initial impressions of the status of rehabilitation and treatment of handicapped people in this country reflect the need for government and private sector coordination, planning and funds. The problems are intense since there are no public aid or service programs. In order to exist, the disabled, who are unemployed, must depend on family, neighbors, the church or merely beg on the streets. Many of the beggars seen on streets of Monrovia usually had deformities of the legs, but the hands and arms appear to be in good condition. These individuals could probably benefit from a workshop setting involving craft work, minor repairs and simple manufacturing. While the basic elements of rehabilitation programs are present they are at best, loosely coordinated and exist through minimal subsidies. To develop the needed rehabilitation efforts, the Ministry of Health and Social Welfare has devised a comprehensive plan for rehabilitation services with the technical assistance resulting from the current RSA project. The plan includes the expansion of physical medicine and rehabilitation services at the John F. Kennedy Memorial Hospital and early childhood education for seriously crippled children and handicapped young

adults who have not had an opportunity for even an elementary education. These services will include corrective therapies, as may be necessary, vocational trade training at special centers, schools and business establishments.

The initial implementation efforts included the rural areas of Suakoko region and Gbarnga as well as those in the Monrovia region. The Vice-President's Group "77" effort is incorporated as part of this plan. (Group "77" is an organization of business and professional people whose primary purpose is to raise voluntary contributions for a job training and employment center.)

It should be noted that while the Ministry of Health and Social Welfare has the lead in this effort, the Ministries of Education, Labor, Youth and Sports, local government and several private sector programs have specific program responsibilities.

There are more than 100,000 handicapped persons who could benefit from rehabilitation services in this country at this time. Obviously, many will never be reached, but the current government effort will improve the opportunities for many more, especially children and young adults.

The visits to Liberia were fruitful and also revealed the many needs yet to be realized. Numerous conferences were held with people from government and the private sector whose common interest was in constructive services for handicapped children and adults.

Observations from Gbarnga and Suakoko (Bong County)

Bong County added new dimensions to the need for nationwide attention. This is mainly a rural area with some resources for an organized services program for handicapped people. For example, Cuttington College has a nurse's training program that would be a potential base for physical

therapy training. Phoebe Hospital, while overcrowded and understaffed, could provide some rehabilitative medical services. The substantial reduction in patients at a nearby Leprosy Treatment Center has space for a possible training center for handicapped adults. It has facilities for housing and maintaining the trainees and ample space for several trade training settings. The major need is for an administrative structure, staff, equipment and supplies. This setting was visited by a Mr. Kettering of Goodwill Industries to provide technical consultation.

Conference Recommendations

A major conference was held in Monrovia on a "National Vocational Rehabilitation Services Program for Handicapped Children and Adults." The working conference identified the following as some of the problem areas impeding the process of establishing a comprehensive, nationwide, rehabilitation services delivery system:

1. There is a lack of demographic information concerning the populations of disabled people (adult and children) by age, types of disabilities, distribution of those in need of service, by region, economic and social status, etc.
2. There exists an absence of an organization of public and/or private groups concerned with programs for handicapped people. This results in fragmentation, competition, confusion and general neglect of many needy handicapped people.
3. There is a lack of national legislation and an appropriation authority which specifies rehabilitation or education services for handicapped people.

4. A splintering of efforts to educate blind, deaf and crippled children is noted. Missionary and religious groups often compete for subsidies from the Ministry of Health and Social Welfare and are serving less than 150 children at the present time.

5. A national policy statement is needed, preferably from the President's office, as well as a supportive resolution by the national legislature on the status of handicapped people and needed rehabilitation services. Such a statement is an important expression of concern for handicapped peo,le and would serve as the basis for guidelines to encourage affirmative action by government and the private sector at all levels. Such a statement should also serve to encourage the full participation of all handicapped people in the social, political and economic life of the nation.

Existing Rehabilitation-Related Institutions

John F. Kennedy Medical Center

This is a modern medical center which maintains separate facilities for maternity, psychiatric and tuberculosis management and offers a comprehensive range of diagnostic and treatment services. Opened in 1971, it also serves as a training center for medical and paramedical personnel.

The physical therapy section would benefit greatly by the addition of a prosthetic and orthotic department. Two technicians, trained by the World Rehabilitation Fund are currently employed by the hospital, but do not have supplies or equipment for making

artificial limbs. Amputees are presently referred to the Ganta Leprosy Center, Nimba County, which offers the only limb-fitting service in Liberia. Ganta is located approximately 200 miles northeast of Monrovia.

Catherine Mills Rehabilitation Hospital

This is a psychiatric hospital which opened in 1971. It is the only treatment center of its kind in Liberia, specializing in the mentally ill. Seventy-five patients are presently under treatment.

The hospital has a resident psychiatrist and the treatment methods employed are in line with modern psychiatric techniques. The Hospital Administrator states that patients are frequently rejected by their families following discharge and as a result, some of them are returning to the hospital. He feels there is a need to improve follow-up procedures and employ rehabilitation personnel to actively work with patients on resettlement problems.

Eugene Roberts TB Hospital

This facility provides treatment and domiciliary care to TB patients. It is the only in-patient TB center in Liberia and has a capacity of 100 beds.

The Director of Nursing Services reports that some patients require occupational training and selective placement assistance following discharge and she would welcome the introduction of a vocational rehabilitation program which provides these services.

School for the Deaf

Located in the outskirts of Monrovia, this is the only school in Liberia that provides special educational facilities for the deaf. It has a capacity of 42 and a waiting list of more than 100.

The school is managed by Reverend W. N. Dixon who states it was founded by the Pentecostal Church in 1964. The government contributes to its operating costs. There appears to be a minimum of technical aids in use at this school and there is no speech therapist on staff. Although some craft activities are taught, the school has no facilities for prevocational training.

Reverend Dixon would like to extend the residential accommodations and establish a training workshop, but states this is not possible on present budgetary restrictions. He is anxious to see the development of a rehabilitation center where graduating students can be referred for occupational training and job placement.

Catholic Mission (formerly Antoinette Tubman Child Welfare Foundation Home

This institution accepts orphans and abandoned children and is supervised by a dedicated team comprised of a Mother Superior and four Sisters. Approximately 25 percent of its 85 residents are disabled as a consequence of polio, orthopedic defects, spasticity and mental retardation. There is a well-equipped physical therapy department on the premises, but without a therapist. The orphanage currently receives an annual government grant.

Older girls are taught sewing and dressmaking by a tailor who visits the school once per week, while the boys help to keep the grounds tidy. There is a limited animal-raising project (sheep, chickens, rabbits, etc.), but no facilities for training in employment skills. This orphanage also has a lengthy waiting list, which illustrates the dire need for these services in this country.

Major Developments Resulting from the RSA Project

Recommendations have been made for the development of services to provide opportunity for handicapped people to receive appropriate training and employment opportunities made available for them. While a comprehensive program has yet to be initiated, such a plan for services to handicapped persons has been announced in the President's developmental proposals for the nation.

Favorable development is evidenced by the appointment of staff to administer rehabilitation programs with the Ministry of Health and Social Welfare. Its principal accomplishments thus far have been the establishment of an agreement with private voluntary organizations for the government to subsidize the primary education of blind, deaf, and physically handicapped children, including mentally ill or retarded young adults.

The Rehabilitation Unit has developed a comprehensive plan for a national rehabilitation services program to include handicapped adults. It provides descriptions of basic educational programs, vocational training, the development of workshop training and production centers for more seriously handicapped men and women. The plan also includes an emphasis on services in the rural areas of the country in order to discourage migration to urban centers for help.

The plan did not specify, however, the involvement of essential elements in the Ministries of Education, Labor and Youth Affairs and Rural Development. This suggests the need for higher level executive authority to assure integration and coordination of appropriate rehabilitation-related functions of each of these branches of the executive arm of the government.

It is anticipated that the government will assume full responsibility for the education of handicapped children nationwide through the Ministry of Education. This is essential for the more seriously handicapped children with mobility limitations in order to assure a more equitable distribution of benefits throughout the country.

The Health and Social Welfare Ministry should initiate a nationwide case finding program to include children and adults to establish a more accurate estimate of the number of these people, their age, distribution and nature of disability, the location, etc. The present estimates, based on an earlier International Labor Organization report, need to be validated and updated for planning purposes. The Social Welfare unit would have the continuing responsibility for social services, counseling and planning for rehabilitation services, e.g. medical and physical restoration services, when indicated, as well as vocational preparation. The rehabilitation process is best achieved through a one-to-one relationship between counselor and client. It requires highly-skilled, sensitive personnel, well acquainted with the world of work, including its mental, physical and skill requirements.

The Ministry of Labor and Youth Affairs should be charged with job development and placement functions. It should be the important source of vocational planning information for the rehabilitation counseling staff. Its youth development function should be an important referral resource for youth with physical or mental handicaps.

The above discussion presupposes a short and long-range National Program. The proposal, as submitted by the Ministry of Health and Social Welfare, provides for early orientation of staff to rehabilitation methods and processes. Long-term professional training in vocational

rehabilitation counseling will obviously be necessary. In addition, preparation of teachers for the blind, the deaf, the mentally retarded and physically handicapped must be considered.

The establishment of a national program will require a long-range commitment by the government. The necessary technical assistance could be made available thorugh national and international organizations, e.g. United Nations Developmental Program, International Labor Organization, Goodwill Industries International, Helen Keller International, Gallaudet College International Program, UNESCO, OIC and YMCA, among others. If plans are properly developed and presented, the USAID may be a resource for initial financial assistance. Other governmental resources should also be considered.

See Chart No. 1 for a suggested administrative structure for the program described above.

The Rehabilitation Process - A Design for Intragovernmental Coordination

The plans for a rehabilitation process were carefully detailed as to the roles played by each governmental agency and the judicious use of already existing facilities. This process is visually shown on Chart No. 2 and is described as follows:

The Rehabilitation Process

I. Ministry of Health and Social Welfare

A. The Bureau of Social Welfare would act as the planning and coordinating agency to insure that each agency's input is appropriate to client needs.

B. The Ministry of Health and Social Welfare would perform initial intakes on those handicapped clients that go to the Ministry for assistance and those handicapped clients that workers may

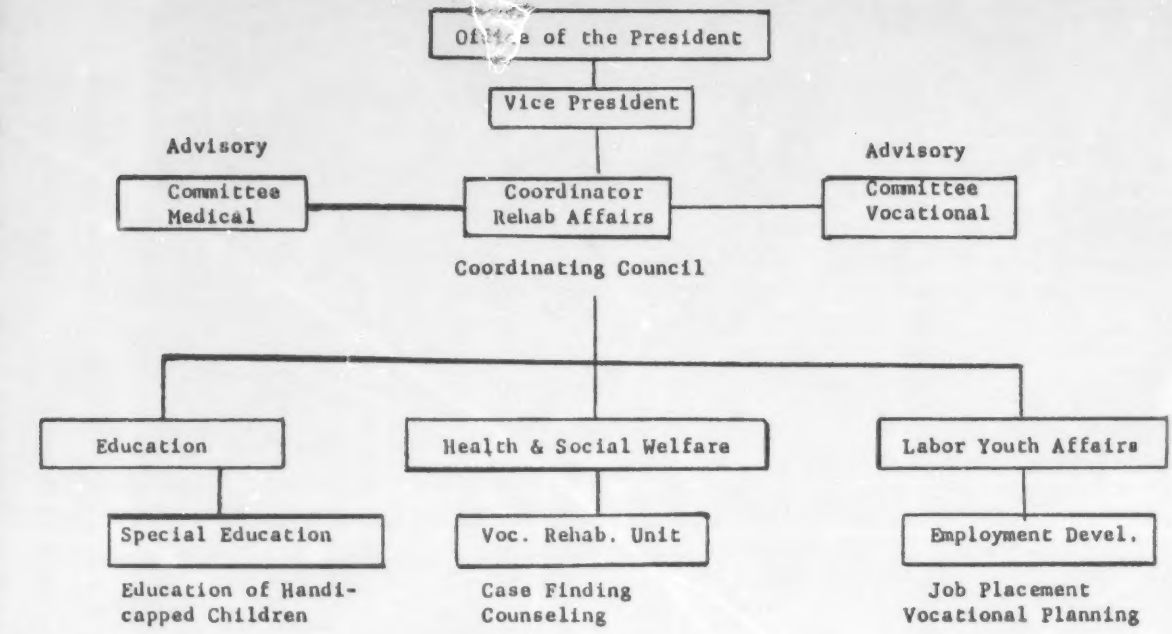


CHART NO. 1 - SUGGESTED ADMINISTRATIVE STRUCTURE

ORGANIZATION FOR REHABILITATION SERVICES
FOR HANDICAPPED CHILDREN AND ADULTS

discover in their contact with the Community. These clients would be sent to the John F. Kennedy Medical Center after their initial interview to examine the extent of their handicapping condition.

II. John F. Kennedy Medical Center (JFK)

A. After the initial interview, the clients would go to JFK for a complete examination to get them physically prepared through therapy and prosthetics to aid in vocational training and job placement.

B. Therapy and treatment would continue while the clients are in training.

III. Ministry of Education

A. This Ministry would be responsible for special education teachers and materials for the blind, deaf and mentally retarded children. They would refer the clients to the appropriate school based on individual needs.

B. This Ministry should provide scholarships for handicapped children to attend local schools. These scholarships should include tuition, books, clothing and living expenses.

C. Adult education for those handicapped adults wishing to continue their education or become literate will also be the responsibility of this Ministry.

IV. Ministry of Health and Social Welfare - Bureau of Social Welfare

A. The primary role of the Bureau of Social Welfare would be to manage the operations of the sheltered workshops and hire trained personnel to run the facility's vocational training

component. This Bureau would provide counseling to its handicapped trainees in order for them to gain skills in the most suitable areas.

B. The Bureau would also provide wheelchairs, crutches and other aids to the handicapped who are in training.

C. Evaluations and recommendations for employment would come from this Bureau after their training is completed.

V. Ministry of Labor, Youth and Sports.

A. This Ministry should establish policies governing equal opportunities in hiring the handicapped.

B. It will also be this Ministry's responsibility to find local business establishments for job placements for the handicapped after they are trained and to help those establishments prepare for their employment. Follow-up on the client's progress and job performance should also be done by this Ministry.

C. Programs geared toward Liberian youth should broaden their scope to include handicapped youth.

VI. Local Government

Since this Ministry is in contact with the rural population, they will be responsible to keep the rural public informed about the programs for the handicapped and alleviate the barriers involved in training people whose dialect and cultures are different. They would do this by providing translators and mediators needed for this program to negotiate with the tribal societies. Primarily, they would consult with the Bureau of Social Welfare as to the best way the goals can be carried out in the rural areas.

Developments of the Division of Rehabilitation

The Division of Rehabilitation of the Bureau of Social Welfare, under the direction of Mrs. Sharon U. Richardson, continues Phase One in its attempts to provide services to the physically handicapped in Liberia. This phase has been primarily geared toward the visually handicapped and, particularly, children between the ages of six and thirteen years. Twenty-four children from five countries are presently living at the Residence for the Visually Handicapped now located on Tubman Boulevard. It has also been the focus of this Division to increase its participation in its dealings with the Antoinette Tubman Child Welfare Catholic Mission and the Deaf School, both of which are government subsidized and, therefore, obligated to adhere to policies set by the Division.

Objectives

The objectives of the Division of Rehabilitation are as follows:

1. To plan, implement and promote comprehensive rehabilitation programs for the physically handicapped.
2. To coordinate rehabilitation programs and activities with other government and voluntary agencies.
3. To provide technical assistance to voluntary institutions serving the physically or mentally handicapped.
4. To promote research and public education in the area of rehabilitation.

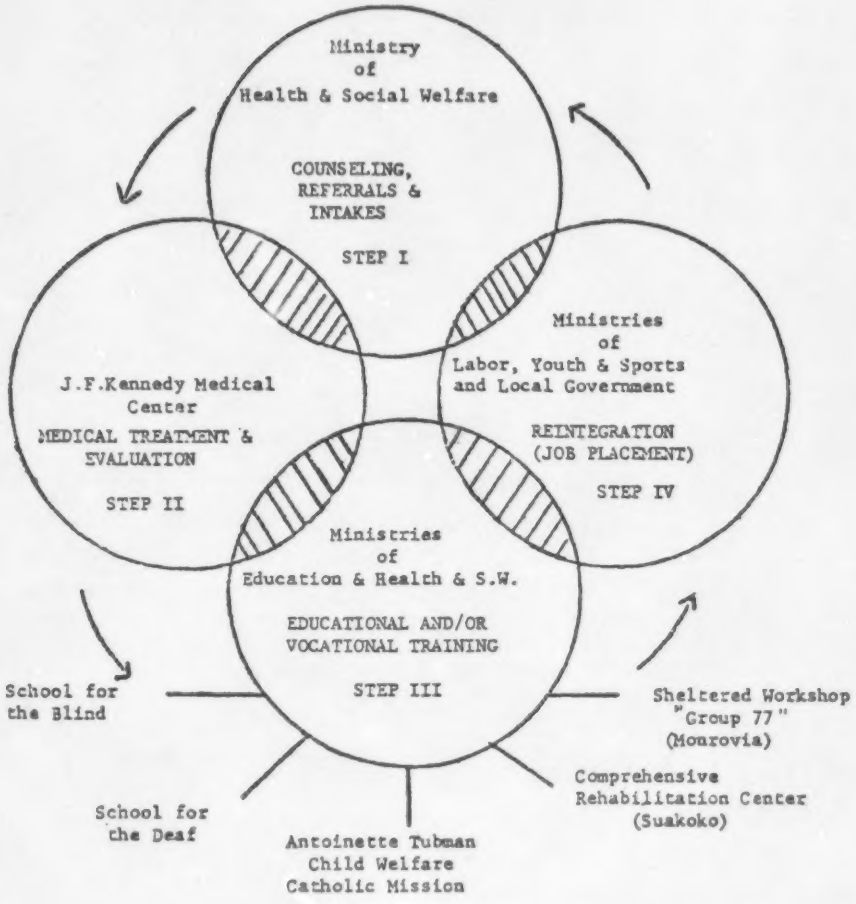
Major Achievements in the Division of Rehabilitation - 1977-78

The Division recently accomplished the following:

1. The Principal of the Deaf School in Virginia held a four-week teacher-training workshop for teachers at the Deaf School

CHART NO. 2

REHABILITATION PROCESS DIAGRAM



which started in January 1978 and ended in February. The workshop is scheduled to be held annually in Monrovia.

2. The proposal for the Division of Rehabilitation's future program expansion has been completed and is being distributed to various agencies in the country connected with rehabilitation. It is being used primarily by the Vice-President for the Group "77."
3. The Division of Rehabilitation and the Residence for the Visually Handicapped moved to the former Sierra Leone Embassy on Tubman Boulevard in February, 1978.
4. The School for Visually Handicapped Children, funded by the Ministry of Social Welfare, accepted its first non-residential student in July 1978. Its current facility is over-crowded and will be replaced.
5. A portion of land has been acquired by the Association for the Deaf for a school. The Pentecostal Church is the sponsor. The Ministry of Social Welfare provides funds for maintenance of the students and salary for two teachers.

Shortcomings of the Division of Rehabilitation

1. Lack of funds for improving programs and formulating new programs lead to the following: A lack of adequately trained personnel, a lack of therapy and rehabilitative equipment and inadequate housing facilities.
2. Lack of transportation hinders progress of the Division of Social Welfare because it is unable to carry on existing programs for which transportation is a necessity and it is also unable to

start new programs because of this inadequacy. Transportation is imperative to programs for handicapped people.

3. Lack of public interest and support still exists.

Recommendations

1. That a sheltered workshop for the handicapped be established.
2. That more Liberians be professionally trained in rehabilitation fields such as occupational therapy, vocational rehabilitation and prosthetics.
3. That Liberia be kept abreast of international developments in rehabilitation of the handicapped through participation in conferences and training seminars.
4. That funds be increased for improving present programs and allocations be made to develop new rehabilitation programs that would provide services to children and adults.
5. That there be a coordinated effort between the medical and social welfare branches of the Ministry to alleviate the problems of the handicapped.

Other Significant Developments (Bong County) - Possibility of a Comprehensive Center

The site of the leprosarium in Suakoko, Bong County, consists of 1,400 acres of government-owned land. The physical infrastructure at this site includes a clinic, dining hall and six buildings which are used to house about twenty patients. The grounds include a well, water tower, pump, fish pond, rubber and fruit crops. This leprosarium receives $8,760.00 out of the forty-thousand dollars allocated by the government for the ten leprosy missions in Liberia.

The leper population in this and other leprosaria is on the decline due to modern medicine and the use of out-patient treatment. It is, therefore, envisaged that this tract of land, ideally located in terms of accessibility by road as well as its proximity to the Phoebe Hospital nursing school and to Cuttington University College, could evolve into a comprehensive rehabilitation center under the Ministry of Health and Social Welfare.

The proposed comprehensive rehabilitation center should include the following services:

1. Specialized medical care for the handicapped.
2. Physical therapy.
3. Manufacturing, fitting and teaching the use of prostheses.
4. Vocational training.
5. Resocialization.
6. Research into factors causing handicaps in Liberia as well as methods for improving the rehabilitation process.

A center of this kind will necessitate the collaborative efforts of the Curative, Preventive and Social Welfare Services of the Ministry of Health and Social Welfare and also the Ministries of Education and Labor, Youth and Sports.

It is anticipated that funding for such a center will combine the efforts of the Liberian government as well as international organizations such as Goodwill Industries International, Misoreror Foundation of West Germany and United Nations Agencies, to list a few.

Specific Actions Needed

1. Follow-up the status and progress of the International Labor Organization (ILO) and United Nations Development Program (UNDP) Vocational Rehabilitation proposal.

2. Discuss the situation of a limb and brace shop with World Rehabilitation Fund, including the need for support for training a physical therapist.
3. Follow-up the possibility of Gallaudet sponsorship for a deaf youth from Liberia.
4. Send rehabilitation reference material to the Division of Rehabilitation for staff development.
5. Explore the possibility for a sheltered workshop with Sister Cities, Peace Corps and U.S. Agency for International Development participation.

Summary

Of greatest significance was the role of the Committee of the Handicapped in the development of a National Plan for Rehabilitation. This plan is intended as a guide for program planning and implementation and represents the interdisciplinary thinking of those providing health, education and social services to the disabled. This working document will be reviewed and updated periodically to meet national development needs and resources. An addendum to this document will be prepared in the near future to include the area of mental health which is recognized as part of rehabilitation needs.

In order to implement a national comprehensive rehabilitation program, assistance is needed from other governments and voluntary donors in the following areas:

1. Construction of facilities, equipment and supplies for the various programs.
2. Experienced personnel to serve as trainers and to provide technical assistance at various phases of program development.

3. Scholarships for advanced studies and training in various aspects of rehabilitation.
4. To share initial funding with the government of Liberia and assistance from other local voluntary groups.

LIBERIA - People and Resources Related to Rehabilitation Developments

Clarendon Smith
Cuttington University College
P.O. Box 277
Monrovia, Liberia

Liberian Development Corporation
P. O. Box 9043
Monrovia, Liberia

Noel Marsh
Program Officer
U.S. AID Mission
Tubman Boulevard
Sinkor, Monrovia

William D. Phears
Director of Operation,
West Africa
Hotel Ducor - P. O. Box 86
Monrovia, Liberia

Robert W. Draper, Executive Secretary
Monrovia YMCA - P. O. Box 147
Crown Hill, Monrovia,
Liberia

James Kessler Matter
Counselor of Embassy of the
United States of America
Monrovia, Liberia

Walter Traub Gwenigale, M.D.
Phoebe Hospital/Bong County
P.O. Box 1046
Monrovia, Liberia

Jeremiah E. Parson
Deputy Director
The U. S. Peace Corps
P. O. Box 707
Monrovia, Liberia

Ambassador of Liberia
5201 16th Street, N.W.
Washington, D.C. 20011

U. S. Ambassador
United Nations Drive
Monrovia, Liberia

Dennis Lucey
Peace Corps Director
Monrovia, Liberia

Richard Ainsworth
Associate Director, Public Health
U. S. Peace Corps
Tubman Boulevard, Sinkor
P. O. Box 707
Monrovia, Liberia
Phone: 26112

Mayor Edward Davis
Mayor of Monrovia
Monrovia, Liberia

Mrs. Victoria Talbert, First Lady
President of the YWCA and National
Council on Social Welfare
Monrovia, Liberia

J. Robert Ellis
Deputy Minister for Administration
Ministry of Health and Social
Welfare
Monrovia, Liberia

Dr. W. N. Dixon, Administrator
School for the Deaf
Monrovia, Liberia

Dr. H. Wilmot Dennis, Jr.
P. O. Box 1798
Monrovia, Liberia

LIBERIA - People and Resources Related to Rehabilitation Developments (Cont'd)

Dr. L.D.C. Austin, Chief
Physical Medicine and Rehab Unit
J. F. Kennedy Memorial Hospital
Monrovia, Liberia

Dr. Paul Getty
Medical Missionary
Director of Leprosy Control Board
Ganta United Methodist Mission Hospital
Ganta, Liberia

Mrs. Sharon U. Richardson
Director of Rehabilitation
Ministry of Health and Social Welfare
Monrovia, Liberia

Abeodu Jones, M.D.
Minister, Ministry of Health and Social Welfare
Monrovia, Liberia

Mrs. Joyce Mends-Cole
Coordinator for Rehabilitation
Bureau of Social Welfare
Monrovia, Liberia

Mrs. Leona Stubblefield
Director for Family Welfare
Bureau of Social Welfare
Monrovia, Liberia

Harold Horan
Deputy Chief of Mission
United States Embassy
Monrovia, Liberia

Nigeria

PROFILE

People

POPULATION: 79.8 million (unauthoritative 1973 census). ANNUAL GROWTH RATE: 2.4-3% (1973). DENSITY: 224 per sq. mi. (64 per sq. km.). ETHNIC GROUPS: 250 tribal groups; Hausa-Fulani, Ibo, and Yoruba are major groups. RELIGIONS: 47% Muslim, 34% Christian, 19% animist and other. LANGUAGES: English (official), Hausa, Ibo, Yoruba. LITERACY: 25%. LIFE EXPECTANCY: 39 years.

Geography

AREA: 357,800 sq. mi. (924,625 sq. km.); about the size of Calif., Nev., and Ariz. combined. CAPITAL: Lagos (pop. est. 1.5 million). OTHER CITIES: Ibadan (1.3 million), Kano (399,000).

Government

TYPE: Federal Republic (military rule). INDEPENDENCE: October 1, 1960. DATE OF CONSTITUTION: October 1, 1963 (suspended and modified March 1967).

BRANCHES: *Executive*—Supreme Commander of Armed Forces is Head of Federal Military Government comprising Supreme Military Council, Federal Executive Council, and National Council of States. *Legislative*—powers vested in Executive since 1966 coup. *Judicial*—Federal Supreme Court, State High Courts.

POLITICAL PARTIES: Banned since 1966. ADMINISTRATIVE SUBDIVISIONS: 19 States, plus Federal Capital Territory (new capital).

FLAG: Green, white, and green vertical bands.

Economy

GDP: $37 billion (1976). ANNUAL GROWTH RATE: 10%. PER CAPITA GDP: $333.

AGRICULTURE: *Land* 30% cultivated. *Labor* 70%. *Products*—cocoa, rubber, palm oil, yams, cassava, sorghum, millet, corn, rice, livestock, ground nuts, cotton.

INDUSTRY: *Labor* 10%. *Products*—cotton, rubber, petroleum, textiles, cement, food products, footwear, metal products, lumber.

MINERAL RESOURCES: Petroleum, tin, columbite, iron ore, coal, limestone, lead, zinc.

TRADE: *Exports*—$10 billion (1976): petroleum (93%), tin, coal, columbite, cocoa, palm oil, rubber. *Partners*—US, European Economic Community (EEC). *Imports*—$7 billion (1976): machinery and transport equipment, foodstuffs, manufactured goods. *Partners*—EEC, US.

OFFICIAL EXCHANGE RATE: 1 naira = US$1.60.

ECONOMIC AID RECEIVED: *Total* $1.5 billion. *US only*—$456.1 million (cumulative through 1974): Food for Peace, Export-Import Bank loans, Peace Corps. No US loans or grants since 1974.

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and several of its specialized agencies, Organization of African Unity (OAU), Commonwealth of Nations, Organization of Petroleum Exporting Countries (OPEC), Economic Community of West African States (ECOWAS).

OFFICIAL NAME: Federal Republic of Nigeria

NIGERIA - Developments in Programs for Handicapped People

Nigeria is the most populous country in Africa. It accounts for almost 25 percent of Africa's people. Its population density is about twice as high as for Africa as a whole and is by far greater than that of the United States. Less than 20 percent of Nigerians are urban dwellers and at least 24 cities have population in excess of 100,000. According to the World Development Report (1979), the population of Nigeria is estimated to be 79 million.

Nigeria is basically English speaking and the language of business and government is English. Some 250 tribal dialects, however, create quite a problem for people who must conduct business in the remote areas of the country. Religions include 47% Moslems, 34% Christians and 19% other faiths. Literacy is about 25%, while life expectancy is 39 years. Nigeria has become an important oil export country. Its oil deposits are estimated to be sufficient for domestic and export trade at the present rate for about 25 years. The country appears to be in good financial condition. Much redevelopment and construction of high-rise buildings are underway and there is heavy demand for additional hotel space and for improvement of traffic conditions and travel throughout Nigeria. Nigeria has the largest number of students in foreign universities, with at least 15,000 estimated to be in the United States.

Lagos, the capital city, is a rapidly growing community and a major center for commerce for Nigeria and West Africa. It is developing huge facilities for shipping with docking areas around the lagoons and in various sections in the city, with many more under construction.

Along with its new found wealth, Nigeria has become concerned with its large number of handicapped youth and adults. During prior years, and especially during its colonial history, services for crippled children, blind and deaf adults, and medical services for the orthopedically disabled were provided by national and international volunteer agencies, medical missionary groups and others.

After the civil war, which caused thousands of military casualties and severe disabilities, the National Government made its first move toward a nationwide vocational rehabilitation program. Initially, they established a medical treatment and training center for the military near Lagos. Since this successful experience, the government has taken steps to organize a national vocational rehabilitation program for civilian disabled through subsidies to the regions, construction of rehabilitation centers and the establishment of special education programs for public school systems.

Structure of the Vocational Rehabilitation Program

The development of National Vocational Rehabilitation Program is charged to several ministries and includes Sports and Youth Development, Social Welfare and Community Development and Health and Educational Affairs. Extensive conferences with Mr. J. Taggert, Permanent Secretary, Federal Ministry for Social Development, Youth and Sports, members of his planning staff and representatives of the Ministry of Education, resulted in the development of guidelines and a plan for staff training for rehabilitation centers. The Federal Ministry of Health provides an advisory function to the governmental Ministry of Health which actually approves plans and allocates funds to the various states for their

medical and health service programs. There has been considerable follow-up consultation and assistance provided and exchange visitations of Nigerians to the United States and university people from Michigan State University and the University of Wisconsin to Nigeria. An orientation training program for rehabilitation center staffs is well underway in several Nigerian states.

Additional Developments and Information

Local government officials in each of the states of Nigeria have responsibility for their school for the blind and other programs for handicapped youth and adults. These programs are in various degrees of development from very little to some rather advanced programs. Adeoyo State Hospital, Ibadan, Department of Orthopedic Surgery; the National Agency for the Blind, Lagos; and the Lagos State Physical Medicine and Rehabilitation Hospital Unit are three examples.

The Nigerian Army Resettlement Program, located just outside of Lagos at Oshodi (Lagos State), is probably the most comprehensive rehabilitation center in West Africa and serves as a model for the establishment of comprehensive rehabilitation programs throughout Nigeria.

Originally known as the Nigerian Army Resettlement Scheme Training Center, this 100-acre site means much to the country in terms of peace and economic development. The Center is designed to train veterans, whether disabled or not, in trades that will be useful in civilian life. This preparation for the estimated 2,000 trainees will enable them to be contributing members to the economic development of Nigeria and thus improve the standard of living for Nigerians.

The idea for the Center began in 1969 and by 1973, 2,000 soldiers moved into the Center. Once at the Center, guidance and counseling is

The School for the Deaf in Ibadan currently treats 30 to 40 deaf and hard-of-hearing children. There appeared to be a lack of audiological equipment for testing for hearing loss.

The Cheshire Home for Orthopedically Handicapped in Ibadan had about 25 children for whom they were providing custodial care rather than restorative treatment. Some of the residents were young adults who had some training, e.g. one had typing skills and another had finished secondary school. Although both were ready for higher education, plans for further rehabilitative services were lacking.

The Ringroad Hospital in Ibadan has a limb-fitting center where a number of polio cases are treated, along with a large number of sickle-cell anemia cases. There are severe sickle cell patients with secondary and tertiary involvements in which the joints and limbs become rigid from frequent crises and pain due to lack of proper blood circulation. They are doing some extensive research in Nigeria to obtain better knowledge of this disease and methods of treatment and care of patients in acute and chronic phases. A large number of the more severe cases are found among the natives here, thus providing opportunity to research heredity characteristics of the disease.

The Atunda Olu School, Lagos, has a census of 120 physically handicapped children in the primary school. It has a good staff of teachers who are well prepared through specialized training to deal with the physically handicapped. This school accepts no mentally retarded as such, although some of the children are retarded in their educational development due to the lack of educational opportunity prior to their admission. Most of the students are post-polio victims suffering from paralysis and

used to determine residual capacities and potential for a useful trade. Trainees are reinterviewed two months after beginning their training to assure that they are learning an appropriate trade. Each training session, which lasts nine months, should prepare trainees for the Federal Government Trade Test, Grade III.

Training for the following trades is provided: electrical installation, agricultural mechanics, blacksmithing, welding, motor vehicle mechanics, panel beating and spraying and metal work. Woodworking includes carpentry and joinery, cabinet-making and use of wood machines. Other courses include bricklaying and masonry, plumbing, painting and decorating, sign writing, cooking, tailoring and accounting, etc.

The publication describing this Center (1973) also indicated that the most acute problem is financial. Lack of funds has impeded the recruitment of instructors and has also resulted in a shortage of essential equipment.

The Institute of Child Health, College of Medicine, University of Lagos, is attempting to identify all preschool children in the country who have some form of physical disability. It has been an almost impossible task since there is no way of knowing where these children live until they are brought "out from the villages in the back country" into the city for treatment of serious illness. The control of polio is still a huge problem. While vaccines are available, children usually are not treated soon enough and, therefore, suffer paralysis. Unfortunately, they are given treatment until severe deformities occur.

The University of Ibadan contains a medical school and is the center of much rehabilitation activity, although improvement is needed in physical medicine, especially the training of brace and limb makers.

deformities of the arms, spine and lower limbs. It provides a day-care arrangement with children bused to and from school from various parts of the city of Lagos. These costs have to be borne by the parents of the children to the extent that they are able. The balance of the cost of operation of the school is provided by the state. In addition to an educational program, some limited physical therapy is available. Referral is also provided for these children to attend hospital clinics and centers where they can be fitted for braces, orthopedic shoes, crutches and wheelchairs.

The Atoken-Yaba School, Lagos operates as a child care and treatment home and serves the more destitute families and abandoned disabled children in Lagos. The school has 160 students and is a day school, but also has facilities for seriously handicapped children who must be cared for on a 24-hour basis. The latter are very severely handicapped children such as profoundly retarded children, many crib cases and those physically deformed, paralyzed and palsied. A full range of medical services are provided, including a physical medicine and physical corrective services and mobility training. There are 60 children who are permanent residents at this school, while the others are bused in daily. It also provides a primary level of education. This school is subsidized by the state and provides most of the costs for the students and patients who must be provided permanent care and treatment.

Recommendations

Conferences with key Nigerian government officials, health, rehabilitation and private sector leaders have led to the following conclusions and needs for the future:

1. The need for an exchange of experts among countries was expressed. This exchange would help countries gain knowledge and experience and provides a closer association with the need of expanding and improving rehabilitation services. There is also a great need for personnel counseling and evaluation training for delivery of services and assistance in developing technical know-how in the development of employment opportunities for seriously handicapped persons.
2. The Veterans Resettlement Scheme, as previously mentioned, lacked qualified teachers, motivated students and a real outlook for the veteran once he is provided with properly fitted limbs and taught to use them while being taught a trade. Once he leaves the center, he becomes the responsibility of the state and the only future hope is that there will be counselors and placement people who may be helpful to him.
3. Dr. Adebonojo, the only physical medicine and rehabilitation specialist in Nigeria, is concerned that more people need to be trained in the States or in England in order to carry on the work and extend and expand physical medicine in Nigeria. The training of brace and limb makers is also needed.
4. There are no plans at present for government sponsored programs for mentally ill or retarded persons. These programs, at present, are under private sponsorship and have very limited government support. This area of rehabilitation needs further exploration and development.

5. Plans should continue for a national organization of rehabilitation centers for handicapped adults. Previous conferences held with members of the Nigerian government in March of 1977 revealed a new direction of the national government to encourage and assist all of the states of Nigeria to establish operating programs for handicapped civilians. Each state would receive some funds from the national government to aid them in the construction, staffing and development of programs in rehabilitation centers for this purpose.

In summary, follow-up communications with members of the staff in the Ministry of Social Development, as well as in the Ministry of Education, revealed that progress is being made in several areas. As a result of our earlier conferences, significant progress was noted in the development of rehabilitation services since that time. However, the Ministry of Social Development, Youth and Sports has now completed the first of a series of staff training courses to meet the staffing need of rehabilitation centers completed in four sites during 1978 and 1979.

Apparently, the outline provided on earlier visits and recommendations on content for training and faculty has been of some value to the Ministry and while a division of rehabilitation has not been identified as yet, this is proposed for the future.

The first of the state rehabilitation centers has been staffed and is in operation. This center serves as a model for the remaining centers and as a site for the training of staff in the future. The selection of initial clients for the service proved to be difficult since there was

no national system of welfare services for handicapped persons. Clients were recruited through newspaper articles and from volunteers who come to the centers or were referred from the several physical medicine sites now in operation in various hospitals throughout the country.

NIGERIA - People and Resources Related to Rehabilitation Developments

Dr. Olu Aderibighe
Sports Medicine Division
National Sports Commission
National Stadium
P.O. Box 145
Lagos, Nigeria

Dr. B.O. Adebonojo
Chief Medical Officer
Lagos State Ministry of Health
26 Catholic Mission Street
Lagos, Nigeria

Dr. F.A.O. Owosina
University Medical Hospital
Orthopedic Hospital
Lagos, Nigeria

Mrs. S.M. Omi
Nursing Sister
Federal Palace Hotel
Lagos, Nigeria

Mrs. F.O. Ladipo
Atunda Olu School
4, Adamu Orisa Street
Suru-Lere
Lagos, Nigeria

Mrs. C.M. Alabi, Administrator
Child Care and Treatment Home-School
Atoka-Yaba, Lagos State
Lagos, Nigeria

Mr. D.R.L. Jack, Director
Social Development and Rehabilitation
Federal Ministry of Social
Development, Youth and Sports
5 Kofo Abayomi Road
Victoria Island
Lagos, Nigeria

Ambassador Olujimi Jolaoso
Embassy of Nigeria
2201 M Street, N.W.
Washington, D.C. 20037

Honorable Donald Easum
United States Ambassador
1 Kings College Road
Lagos, Nigeria

Mr. J. Taggert
Permanent Secretary
Federal Ministry of Social
Development, Youth and Sports
Social Development Division
Lagos, Nigeria

Mr. A.N. Chibututu
Assistant Director of Social
Development
Federal Ministry of Social
Development, Youth and Sports
5 Kofo Abayomi Road
Victoria Island
Lagos, Nigeria

Mr. John A. Kuforiji
Specialist of Education of the
Visually Handicapped
Department of Special Education
University of Ibandan
Nigeria

Dr. G. Onuaguluchi
Vice-Chancellor
University of Jos
P.M.B. 2084
Jos, Nigeria

Miss Rachael Joseph
Nigerian Army Resettlement Center
Oshudi, Lagos, Nigeria

NIGERIA - People and Resources Related to Rehabilitation Developments (Cont'd)

Dr. S.E. Okoye
Director, Division of General Studies
University of Nigeria
Nsukka, Nigeria
Phone: Nsukka 48, Ext. 57

Mrs. Veronica Ezejiofo
Social Welfare Officer
Ministry of Social Development, Youth and Cultural
Social Welfare Division
Enugu, Nigeria

Dr. E.O. Adegbite
All's Veterinary Products and Agro-Allied Services
Nigeria Limited
Federal Palace Hotel
Victoria Island
Lagos, Nigeria

Dr. Andrew Foster
General Director
Christian Mission for Deaf Africans
P.O. Box 808
Ibadan, Nigeria

Chief O.M. Palomo
Good Samaritan Home-School for Handicapped Children
10, Akenzua 11 Crescent
Commerical Reservation
P.O. Box 1131
Ibadan, Nigeria

Mr. Osunkiyesi, Director
Special Education Unit
Federal Ministry of Education
Victoria Island
Lagos, Nigeria

Mrs. E. Olu Caulcrick
Assistant Director of Special Education
Special Education Unit
Victoria Island
Lagos, Nigeria

Mrs. Frances Y. Enembolu
Social Welfare Officer - Rehab.
Federal Ministry of Social Development, Youth and Sports
5 Kofo Abayomi Road
Victoria Island
Lagos, Nigeria

Mr. Ed Thomsen
Cultural Affairs Officer
United States of America (U.S.I.A.)
Embassy of the United States of America
Lagos, Nigeria

Miss Marilyn E. Hulbert
Assistant Cultural Affairs Officer
American Embassy (U.S.I.A.)
Lagos, Nigeria

Senegal

PROFILE

People

POPULATION: 5,380,000. ANNUAL GROWTH RATE: 2.6%. ETHNIC GROUPS: Wolof 36%, Fulani 17.5%, Sere 16.5%, Toucouleur 9%, Diola 9%, Mandingo 6.5%, other African 4.5%, other 1%. RELIGIONS: Muslim 75%, Christian 5%, animist 20%. LANGUAGES: French (official), Wolof, Pulaar, Diola, Mandingo, Sarakole. EDUCATION; *Percentage attendance*–primary 53, secondary 11. *Literacy*–5-10% (estimated). HEALTH: *Infant mortality rate*–158 per 1,000 (US=15/1,000). *Life expectancy*–44 yrs. WORK FORCE (1,732,000): *Agriculture*–70% (subsistence). *Wage earners* (175,000)–*private sector* 40%, *government and parapublic* 60%.

Geography

AREA: 196,840 sq. km. (76,000 sq. mi.); about the size of S.D. CITIES: *Capital*–Dakar; Thies, Kaolack, Saint Louis. TERRAIN: Flat or rising to foothills. CLIMATE: Tropical.

Government

TYPE: Republic. DATE OF INDEPENDENCE: April 4, 1960. CONSTITUTION: March 3, 1963.

BRANCHES: *Executive*–President (chief of state), Prime Minister (head of government), Cabinet. *Legislative*–National Assembly. *Judicial*–Supreme Court (appointed by President).

POLITICAL PARTIES: *Legal*–Parti Socialiste (formerly Union Progressiste Senegalaise-UPS), Parti Democratique Senegalais (PDS), Parti Africain de l'Independance (PAI), Mouvement Republicain Senegalais (MRS). *Unauthorized*–PAI splinter group, Kassemblement National Democratique (RND), Parti Communiste Senegalais (PCS), Coordination de l'Opposition Senegalaise Unie (COSU). SUFFRAGE: Universal adult. ADMINISTRATIVE SUBDIVISIONS: 8 Regions, 27 departments, 95 arrondissements. CENTRAL GOVERNMENT BUDGET: $793 million (1978-79) adopted by National Assembly May 31, 1978. DEFENSE: 3% of GNP (1978 est.).

FLAG: Three vertical bands–green, yellow, and red, with a green star centered in the yellow band.

Economy

GNP (1978): $1.8 billion. ANNUAL GROWTH RATE: –2.3%. PER CAPITA GNP: $333. AVG. RATE OF INFLATION LAST 3 YEARS: 6%.

NATURAL RESOURCES: Fish, phosphates.

AGRICULTURE: *Products*–peanuts, millet, sorghum, manioc, rice, cotton. *Percentage of GNP*–20 (approx. $360 million).

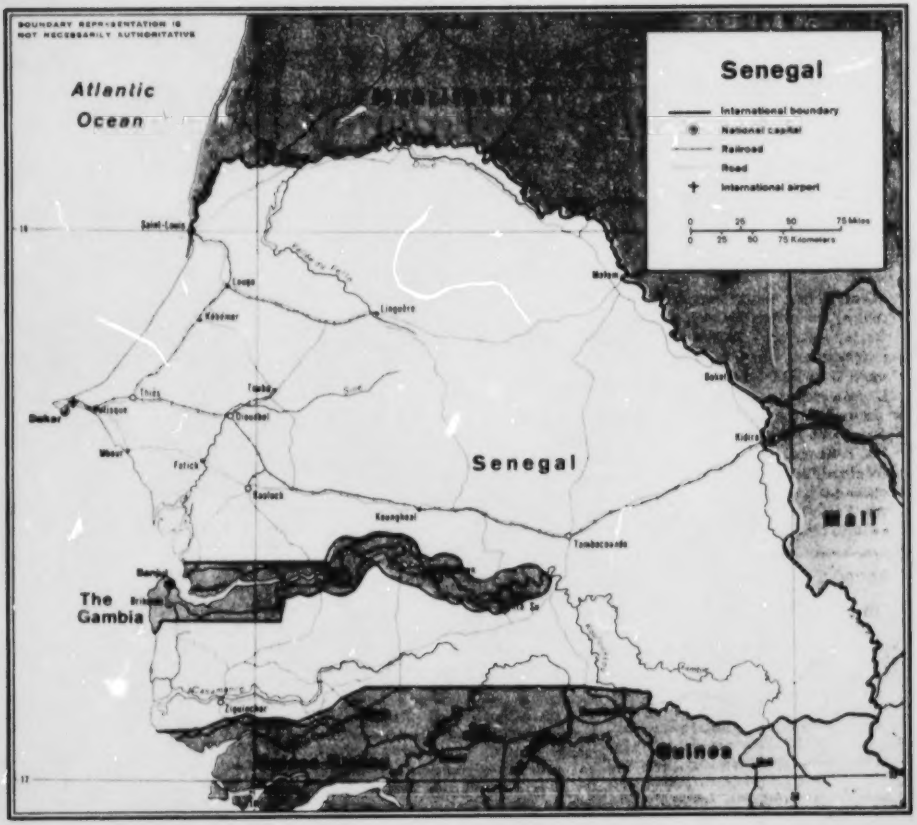
INDUSTRY: *Types*–fishing, agriculture product processing, light manufacturing, mining. *Percentage of GNP*–20+.

TRADE (1977): *Exports*–peanuts and peanut products, phosphate rock, canned fish. *Partners*–France, EC (other than France), Franc Zone. *Imports*–food, consumer goods, machinery, transport equipment. *Partners*–France, EC (other than France), US, Japan.

OFFICIAL EXCHANGE RATE: Floating rate w/French franc CFA 50=1 FF.

ECONOMIC AID RECEIVED 1977: $142 million. *U.S. aid* 1977: $12 million.

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and associated agencies; Senegal River Development Organization; Gambia River Development Organization; Organization of African Unity; African and Malagasy Common Organization; Franc Zone; Interstate Committee to Combat the Sahel Drought; Economic Community of West Africa; Economic Community of West African States.



OFFICIAL NAME: Republic of Senegal

SENEGAL - Developments in Programs for Handicapped People

Senegal, a former French colony, is an independent republic of 5.2 million people. Its Gross National Product in 1978 represented a per capita income of $430.00 annually. The economy is largely rural, depending on agricultural products for domestic consumption and export. Industrial products include peanut oil, textiles, fertilizers, cement, processed foods, fish and petroleum refining.

About 80% of Senegal's population is rural. In recent years, there has been more of a drift of population to the urban centers creating new economic and social pressures. Unemployment is high, forcing the government to seek new ways to improve industrial development and greater diversification of agricultural industry. Special public work regions have been organized to create more opportunities for employment.

The half-million handicapped population of Senegal is, for the most part, dependent and non-productive. They include polio residual quadraplegics, flaccid paralytics of arms and legs, and persons with severe deformities, amputees (arms and legs), deaf, blind, mentally retarded, cerebral palsied and persons cured of leprosy. In recent years, some effort to organize rehabilitative and self-help programs has focused more attention on the problems of the handicapped. With up to 90% unemployment, the government provides small quarterly allowances, a form of assistance for the disabled, through the Ministry of Health and Welfare.

There is no governmental organization for vocational rehabilitation or similar service for handicapped persons. Organizations of handicapped people include the Senegal Association of the Physically Handicapped, the Senegal Association for the Blind, an organization for the care of the

victims of leprosy and a relatively new government-sanctioned group called National Foundation and Social Action of Senegal (FNASS). The purpose of this latter organization is to solicit funds from national and international foundations and organizations to support projects of a rehabilitative nature for the physically and mentally handicapped, delinquent youths, and to provide support for researchers, social workers and creative artists. In general, the stated purpose would be to "guard against social evils that affect a growing industrial society."

The initial endowment of the National Foundation and Social Action of Senegal was secured through local resources and voluntary contributions. The Director of FNASS serves as the advisor to the executive arm of the national government and to the President of the Republic. The organization also represents government interests with international missionary organizations, United Nations Developmental Program and the International Labor Organization. Its primary purpose domestically is to administer grants to support organizations providing direct services of a social and rehabilitative nature to achieve the purposes of the Foundation as outlined above.

The associations for the physically handicapped and the blind serve to petition the national government on the special needs of these groups. The physically handicapped are seeking more adequate living allowances and the establishment of sheltered workshops for training and employment. The workshops would produce art pieces and novelty souvenir articles for the tourist trade.

The organization for the physically handicapped, which includes the mentally handicapped, is the largest and best organizaed throughout the

country. It is registering the disabled in every region and holds regional meetings in order to make recommendations to the government. The Executive Director represents the organization to the Ministry of Health and Social Welfare. Proposals have been made to the United Nations Developmental Program and the International Labor Organization to assist in the development of rehabilitation training and sheltered employment programs for handicapped people. The Senegal proposal is on the United Nations Developmental Program's list, but because of limited international funding, actual financial support for the project is some years away. In 1975, the American Embassy provided two pieces of equipment for the only workshop located in Dakar.

The organization for the blind has recently obtained government support to establish a residential school for blind children, and also to permit blind children to attend public schools where possible. A workshop is in operation for the adult blind and other services for the blind include medical and financial assistance, Braille instruction and social services.

The Ministry of Social Affairs recognizes the need to provide more appropriate service programs for all handicapped people in the country. It is embarrassed by the flood of beggars on the streets and the lack of resources to provide a more satisfactory alternative. The government recognizes its need for trained experts in rehabilitative processes and technical staff to plan and provide rehabilitation services. They are in dire need of staff training and developmental assistance.

The present national government officials have placed high priorities in developing services to relieve suffering among handicapped people and the prevention of begging. They will welcome competent technical exchanges

and have agreed to discussions with Peace Corps officials for volunteer technicians for services to handicapped children and adults in schools, homes, clinics and as instructors in sheltered workshops.

Additional Developments in Senegal

1. The Committee for the Handicapped (CFTH) assisted in planning a visit to the United States for Mr. Jean-Paul Dias, Director, National Foundation and Social Action of Senegal in March of 1978. He made contacts with national and international organizations in Washington, D. C. to gain support for the Senegalese national program for handicapped people. Mr. Dias serves as special advisor to the President of Senegal. His itinerary included conferences with Goodwill Industries International, U.S. Agency for International Development staff, the RSA Commissioner, the New York Institute for Physical Medicine and Rehabilitation and other rehabilitation centers and sheltered workshops.
2. CFTH is engaged in securing sponsors for the Association for the Infirm and Disabled in Dakar in order to gain tools and equipment for an arts and crafts workshop for severely handicapped adults.
3. Exploration of Peace Corps participation in sheltered workshops was undertaken with the Peace Corps Director in Dakar and the Social Affairs attache.

SENEGAL - People and Resources Related to Rehabilitation Developments

U. S. Ambassador in Senegal
B.I.A.O. Building
Place de I'ndependence
Dakar, Senegal
Phone: 22741

Mr. Massamba Ba
Informier B.P. 39
Leproserie de Sowane
Fatick, Senegal

Jean-Baptiste
Technical Advisory of the
President of the Republi:
Dakar, Senegal

Mr. Jean-Paul Dias
Director, National Foundation
and Social Action of Senegal
Secretariat General de la
Presidence de la Republique
Dakar, Senegal

Mr. Papa Alassane Fall
Executive Director
Senegal Association for the Blind
53, Rue Raffenel, B.P. 2240
Dakar, Senegal
Phone: 203-51

Director, Health and Social Affairs
Government of Senegal
29 Rue Vincens
Dakar, Senegal

Mr. Raymond K. Panczyk
Director, Catholic Relief Services-
USCC
B.P. 215, 140, Rue Blanchot
Dakar, Senegal
Phone: 211-02

Ambassador
Embassy of Senegal
2112 Wyoming Avenue, N.W
Washington, D.C. 20008

Mr. Jack Schafer
Director, Peace Corps
Bureau, B.P. 2534
Allées Coursin
Dakar, Senegal
Phone: 225-04, 226-03

Mr. Sambo Fall Yad
President of the Association for
the Infirm and Disabled
Dakar, Senegal

Sierra Leone

PROFILE

People

POPULATION: 3,219,000 (1978). ANNUAL GROWTH RATE: 2.4% (1974-76). DENSITY: 115 per sq. mi. (44 per sq. km.). ETHNIC GROUPS: 30% Temne, 30% Mende, other tribes. RELIGIONS: 70% animist, 25% Muslim, 5% Christian. LANGUAGES: English (official), Krio, indigenous languages. LITERACY: 10%. LIFE EXPECTANCY: 44 yrs.

Geography

AREA: 27,925 sq. mi. (72,325 sq. km.); slightly smaller than S.C. CAPITAL: Freetown (pop. 296,585). OTHER CITIES: Bo (42,216), Kenema (33,880), Makeni (28,684).

Government

TYPE: Republic. INDEPENDENCE: April 27, 1961. DATE OF CONSTITUTION: April 19, 1971.

BRANCHES: *Executive*–President (Chief of State and Head of Government). *Legislative*–unicameral House of Representatives. *Judicial*–Court of Appeals (judges appointed by President), lesser courts.

DEFENSE EXPENDITURES: 1.7% of GDP.

POLITICAL PARTIES: All People's Congress (APC), Sierra Leone People's Party (SLPP). SUFFRAGE: Universal over 21. ADMINISTRATIVE SUBDIVISIONS: 3 Provinces comprising 12 districts and a western region including Freetown.

FLAG: Green, white, and blue horizontal bars.

Economy

GDP: $546.1 million (1977). ANNUAL GROWTH RATE: 2.4% (1965-76). PER CAPITA INCOME: $176. PER CAPITA GROWTH RATE: 0%. AVERAGE RATE OF INFLATION: 15% per annum (1972-77).

AGRICULTURE: *Land* 30% arable, 7.6% cultivated. *Labor* 75%. *Cash crops*–coffee, cocoa, ginger, rice, piassava.

INDUSTRY: *Labor and services*: 15%. *Types*–diamond, bauxite, and rutile mining; beverage, cigarette and construction goods; tourism.

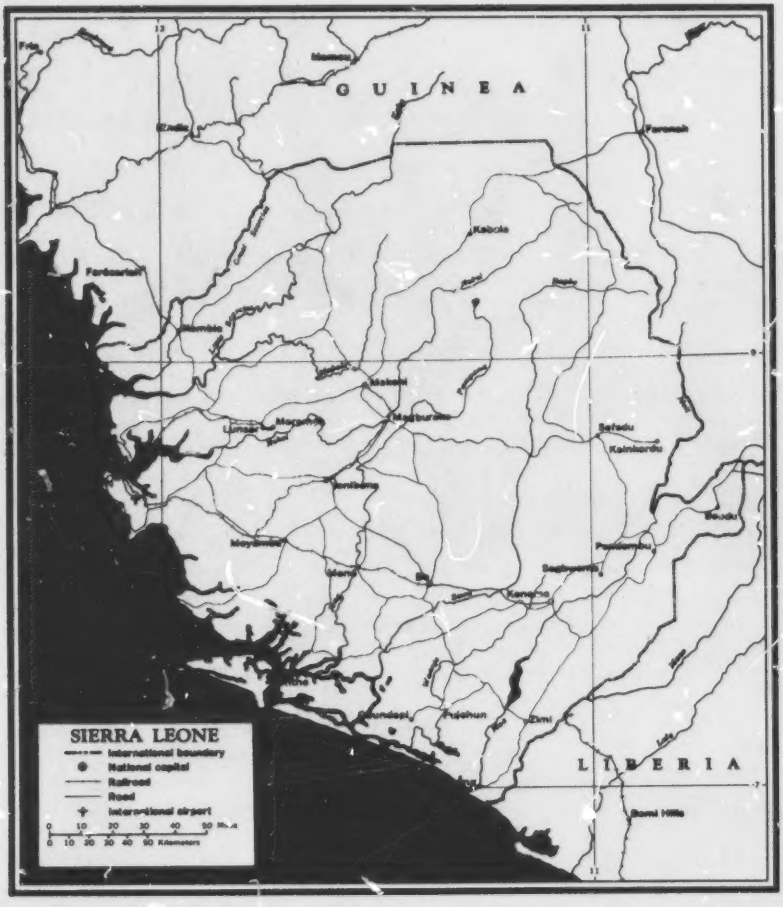
NATURAL RESOURCES: Diamonds, bauxite, rutile, chromite, and iron ore.

TRADE (1977): *Exports*–$151.1 million: 45.3% mining sector; 54% agricultural products. *Partners*–US 40%, UK 30%, Netherlands 9%, China 7%. *Imports*–$173.0 million: food, beverages, tobacco, crude materials, chemicals, and machinery. *Partners*–EEC 35%, UK 25%, Japan, US, and China.

OFFICIAL EXCHANGE RATE: Leone 0.98=US$1.

ECONOMIC AID RECEIVED (1961-77): *Total* $500 million. *US only*–$86.5 million: Peace Corps $23.3 million, Food for Peace $22.2 million, AID $13.5 million, Eximbank loans $27.5 million.

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and its specialized agencies, Commonwealth of Nations, Organization of African Unity (OAU), Economic Community of West African States (ECOWAS), Mano River Union, African Development Bank (AfDB).



OFFICIAL NAME: Republic of Sierra Leone

SIERRA LEONE - Developments in Programs for Handicapped People

Sierra Leone is situated on the west coast of Africa about one hour air flight time from Dakar, Senegal. It is a former British Crown colony with a majority black population, many of whom are descendants of freed slaves who, with the aid of the British, fled the American colonies during the late 18th century. There are now well over three million people in this country within a total area of 27,825 square miles. Much of the country is mountainous and not especially good for agriculture. Mining and export of bauxite and iron ore and agricultural products, including palm kernels, coffee, cocoa, rice, yams, millet, ginger and cassava production form the basic economy. The annual per capita income is $190.00 (1979), with a literacy rate of 10% and a life expectancy of 35 years.

Sierra Leone has been an independent republic since 1961 with three branches of government: executive, legislative and judicial. The constitution provides for universal suffrage of all persons over 21 years of age.

Freetown is a busy, crowded, old colonial city and is the center of government, commerce, international, public and private organizations. The majority of the three million Sierra Leone population live in or near Freetown. It is the marketplace for rural products, industrial developments, personal and public services, imported goods, trinkets, craft work, yard goods, hardware and food stocks. There is a decaying, aging appearance to buildings and some wooden structures while others are built of cement block or reinforced concrete.

The native population, as a majority, are the poor and live in the old city. Just beyond these limits are better homes and residential areas of the more elite, professional government administrators and a few African businessmen. The European population has moved to higher levels on the mountainsides that make up most of the land mass around Freetown. These are the key business people, either from or representing the foreign interest in banking, insurance, real estate, import-export, mining and staffs of international agencies, foreign embassies, United Nations organizations, religious bodies, etc. While there is quite a mix of people, there is no amalgamation. During 1977-1978, Sierra Leone was in the midst of a financial depression due to a poor balance of trade, a dwindling national income and the mounting public debt. High unemployment with little relief in sight has brought public criticism of the present government. Student demonstrations and clashes with the police often necessitated curfews to restore order.

The state of affairs could be described as "budding new undergrowth, pushing out the old withered brush to spring forth new and productive vines." This also provides a good description of the state of affairs in relation to social welfare, education and rehabilitation programs for handicapped children and adults. There are almost 300,000 disabled people in Freetown and in the provinces. The programs are the hand-me-down remnants from the colonial days with a little refurbishing to keep them from complete decay. Prominent among these are the British Royal Society for the Blind and a similar organization for the deaf, a society for protection of mothers and children, orphans and abandoned children and numerous religious mission programs and schools.

The United States based Opportunities Industrialization Centers (OIC), with support from the United States Agency for International Development (USAID), has established a job training center at Bo. The Catholic Relief Service and CARE are the larger, well-organized and coordinated relief and food distribution programs, as are Food for Peace (known at the P.L. 480) and surplus food distribution by the European Economic Community Organization (EEC) in Senegal. Other international programs include World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), United Nations Developmental Program (UNDP) and International Labor Organization (ILO). All provide some assistance relating to the handicapped. One finds quite a potpourri of confusion, duplication, fragmentation, competition and neglect.

The Peace Corps of over 200 volunteers is providing valuable services in support of improved programs for the poor and disadvantaged. They are engaged in teaching math and language courses in the provinces, rural development projects and provide some medical health and social services. Four Peace Corps volunteers are assigned to centers for handicapped youth. One volunteer has a degree and experience in Special Education and is assisting with teaching at the Cheshire Home and School for Crippled Children. Two more volunteers are assigned to a parent-supported school for mentally retarded children, while another is working out in the provinces. It should be noted that recruitment is underway for additional volunteers with backgrounds in rehabilitation and special education. This is an excellent use of volunteers and offers job satisfaction and helps fill a void of skilled persons for these institutions. The Cheshire Home and School for Crippled Children at Bo is in need of a program person

Both Homes, which serve badly deformed boys and girls, are in need of physical therapy services and equipment. The residual crippling from polio among "up-country" children is especially severe. Very little vaccine is made available and there is nothing in the way of clinical care for post-polio children. Those who survive the attack of the disease develop some almost indescribable body deformities leaving them severely limited in mobility. Several of the children at the Cheshire Home here walk with swing-through hands and arms from a squat position or shuffle along on their bottoms, while a few have learned to use short crutches. It is a sad evidence of neglect, but a situation which can only be changed through disease prevention, early medical intervention, maternal education and child health service, corrective aftercare services for crippled children and special education programs. In addition, the excuse or problem created by religious superstitions is a traditional barrier yet to be overcome.

One possible course of action is to encourage a Sister Cities project here with the Kansas City, Missouri group. The Kansas City committee could arrange to provide physical therapy equipment, including a hydrotherapy pool for the Cheshire School. With proper physical therapy supervision, a much needed service could be provided at a minimal cost and demonstrate the benefits of rehabilitation services for these children. There is an adequate water supply on the grounds of the school and drainage would provide water for a garden that could be developed by the students as a useful task and learning experience.

A new school for the mentally retarded, trainable and educable has recently been organized. It is, however, badly in need of material for a more adequate evaluation into the potential for development for each

child. About thirty children are enrolled and meet in an elementary school facility from 2:00 P.M. until 5:00 P.M. after regular school is dismissed. The parent-sponsoring group hopes to demonstrate the need and potential to the Ministry of Education for program support and a facility for their full-time use.

The educational and rehabilitation services program for the blind is one of the more advanced rehabilitative programs in this country. With able and continuous leadership and support by British Royal Society programs, services are provided through the Ministry of Education. A variety of health services, eye-care, primary, secondary and college programs for qualified blind students, are included as well as follow-up vocational training, craft work and job placement assistance.

The deaf program appears to be in disarray and is described as tightly controlled by the Sierra Leone Society for the Deaf. Its policies and program direction are provided by non-deaf Society members and teachers. One young man, employed as an instructor in 1978, was a 1975 graduate of Gallaudet College, Washington, D. C. The School receives a small grant from the government, food supplies for the day school for deaf children from Catholic Relief Services and the balance of support from public fund raising efforts. The fund raising effort is referred to as "organized begging" by critics of the Society as it puts deaf tags on the pupils and sends them into the cities and towns to "collect" funds. A visit to the school revealed that of four teachers, only the young man trained at Gallaudet College knows and used manual sign. The other teachers are not trained in Special Education or in methods of teaching the deaf. The graduate appeared discouraged because of the lack of support for programs throughout the country. There was no organization of parents other than

a few controlling members of the Society.

The Deputy Minister for Elementary Education has responsibility for the education of handicapped children. She also serves as President of the National Association of Societies for the Handicapped. This body has representation from board members and presidents of organizations, but not the disabled. Therefore, no disabled people speak for themselves with the possible exception of the blind.

The need for more manual communication training programs for the deaf and a greater emphasis on vocational rehabilitation is obvious. The Peace Corps volunteers have a good understanding of the needs of deaf students and were actively recruiting a volunteer or manual hearing persons to be assigned to the school. This person would be cleared by Gallaudet College.

A Synopsis of Existing Institutions for the Handicapped in Sierra Leone

1. Sir Milton Margai School for the Blind, Freetown.

   Founded in 1956, under the technical guidance of the British Commonwealth Society for the Blind, this residential school can accommodate 30 blind students. After learning Braille, students are placed in the regular school system under the guidance of resource teachers.

   The only facility of its kind in Sierra Leone, the School for the Blind has a lengthy waiting list. No prevocational training is provided and there are no facilities for orientation instruction.

2. School for the Deaf, Freetown

This is the only school in Sierra Leone offering facilities for the training of deaf children. It is non-residential and, as such, is inaccessible to deaf children residing outside the Freetown area. The School can accommodate up to 40 students, but a lack of teaching staff keeps the enrollment considerably under capacity. Students are taught communication skills (sign language and lip reading) in addition to an academic curriculum approved by the Ministry of Education.

3. Kenem Farm Craft Center for the Blind

Established in 1971 under the technical guidance of the Royal Commonwealth Society for the Blind, this residential center, located 200 miles east of Freetown, offers a 12-month training program in agricultural and rural craft skills to blind, male adults. It has a capacity of 20 persons, but so far has not had a maximum enrollment.

The training center gives preference to blind applicants who have a plot of land which can be cultivated after completing training. Training is provided in vegetable and flower cultivation and rural crafts such as weaving, cane-splitting, basket and furniture making. Trainees receive an allowance, work clothes, two meals per day and comfortable living quarters. At the conclusion of the training period, each trainee receives an assortment of basic gardening implements and hand tools and a quantity of seeds with which to establish the person in employment in his own community.

4. Masanga Leprosy Center

Operated by the Seventh Day Adventist Church, this leprosarium is located 150 miles east of Freetown and has accommodation for 160 patients. It provides a range of modern diagnostic and treatment facilities, including a physiotherapy section and limb-fitting and orthopedic footwear services. Most technical staff are expatriates. A vocational rehabilitation program offering two years of training in the carpentry and tailoring trades was recently introduced.

5. Cheshire Home, Freetown and Bo

There are two Cheshire Homes in Sierra Leone offering residential and educational facilities for disabled children from the age of five. The Home in Freetown, which was established in 1961, can accommodate 32 children and the other home at Bo, 28 children. Each home has a lengthy waiting list. After completing the education process, the child is returned to his home if the parents are willing to accept him, but all too frequently, parents are not prepared to accept this responsibility. Several children are beyond school learning age, but no occupational training programs exist to provide them with an employable skill. While these homes would like to expand and perhaps add a vocational training program, they lack the necessary funds.

Future Plans for the Cheshire Home

One of the aims of the Cheshire Home Foundation is to teach the children to be self-reliant and learn some skill which might lead to

either employment outside the home or the setting up of a cottage industry. To do this, the curriculum of the school will need to be expanded. This will also mean extending the present school building to provide adequate facilities for practical work in the school's workshop.

With the pending arrival of a teacher from a two-year training course planned by the Cheshire Foundation (overseas), it is envisaged that new skills will be taught to the children. These include pottery, basketry, ceramics, typewriting, etc. The teacher will spend her time between Freetown and Bo as the plan, as stated above, will also be put into effect in Bo.

The school is currently undergoing repairs to the windows, doors and floor. However, the area of the building is small, approximately 700 sq. ft. (20 feet by 35 feet) and very cramped for effective work. More classroom space is needed, along with an area for physical therapy treatment and medical clinic.

The following are excerpts from the annual report prepared by Fred Kamara (1976), Rehabilitation and Placement Counselor, Ministry of Social Welfare, (Report covers the period from January to December, 1976.)

> "Introduction: The main object of rehabilitation services is to render the rehabilitee as independent, self-supporting and self-reliant as possible and this can be achieved through functional rehabilitation, vocational training and job placement. The latter may take one or more of a variety of forms, namely either securing employment in the open market or being engaged in private business or being employed in a production or sheltered workshop.
>
> As funds are not yet available to provide functional and vocational rehabilitative services (apart from what is currently offered at the Farmcraft Centers for Blind Adults in Kenema), this section has been concentrating its efforts on job placement services for suitably qualified handicapped persons who have received no pre-vocational training. This involves talking to and trying to persuade employing authorities to give this category of handicapped persons an opportunity to prove their abilities and capabilities in a working situation. As can be appreciated, this requires personal contact which often means meeting the potential employer at his offices.

Due to lack of transportation, coupled with negative attitudes of employers resulting from misconceptions and ignorance of what handicapped people are truly capable of doing, very little success has been achieved so far in the area of job placement. For instance, over the past four years, we have been able to place no more than five unskilled clients in jobs to various factories in the Freetown area.

The number of clients to be served by this section continues to grow, as they come from various institutions for the handicapped, as well as those who have never been to any of these institutions. As such, this office is often flooded by clients of all descriptions in the quest for a means of livelihood. Obviously, this is a more difficult problem. Taking cognizance of the fact that the labor market is quite saturated and that competition for jobs is very keen even among the non-handicapped, it only stands to reason that not much hope is in the offing for the handicapped in this respect. Nevertheless, it must be borne in mind that handicapped people have an equal right to work and earn an honest living just like any other citizen, as this is the only channel through which the goal of independent, self-supporting and self-reliance can be achieved.

Progress and Problems for Period under Review:

The period under review has seen very little practical work in this section due to a good number of limiting factors, most outstanding of which, as already pointed out, are the lack of transportation and negative attitude of employing authorities who are approached in the effort to secure jobs for suitably qualified, handicapped persons.

In the course of the year, in my capacity as officer-in-charge of the section, I made personal contacts with several heads of industrial establishments in the Freetown area, as well as organizations like the Sierra Leone Labor Congress and the Sierra Leone Chamber of Commerce with the view to enlightening them on the effort of the section. At the beginning of the year, for instance, I tried to make follow-ups, mostly by telephone, on visits I made to various industrial establishments in the Freetown area in this connection last year, together with Mr. R. E. Thresher, Resident Representative of the Royal Commonwealth Society for the Blind. These attempts yielded no fruitful results. However, by the middle of January (1976), a success was scored with the placement of a deaf client at the Sierra Leone Bottler's Factory as a machine operator.

Recommendations:

1. As the number of clients to be served by this section continues to grow, active consideration should be given to the possibility of establishing a production workshop and vocational training center for the handicapped, as soon as funds can be obtained, where these people could be gainfully employed, as well as receive training of a type best suited for their abilities, capabilities and aptitudes.

2. As already stated, one of the biggest problems plaguing this section, and adversely impeding its progress, is the lack of any means of transport. As such, it will be very highly appreciated if the possibility of providing this section with a departmental vehicle, specifically for its use, could be actively explored.

   Perhaps this matter could be pursued with the United Nations International Children's Emergency Fund (UNICEF) or the International Labor Organization (ILO) or any other international agency that may be interested in improving and promoting the rehabilitation, job placement and total integration of the handicapped into society.

3. This section badly needs a number of essential materials such as office equipment."

The above excerpts provide a realistic view from a staff person attempting to provide rehabilitative services under less than ideal conditions. Mr. Kamara knows what is needed and what must be done, but attitudes and minimal resources are yet to be overcome.

SIERRA LEONE - People and Resources Related to Rehabilitation Developments

Ambassador
Embassy of Sierra Leone
1701 19th Street, N.W.
Washington, D.C. 20009

Catholic Relief Services
Freetown, Sierra Leone

Permanent Secretary
Ministry of Education, Social
Welfare and Rural Development
Freetown, Sierra Leone

Director
Occupational Industry Training Center
Bo, Sierra Leone

Representative
International Labor Office
Freetown, Sierra Leone

Mrs. Rosamond A. Jones
Society for Mental Retardation
P.O. Box 977
Freetown, Sierra Leone

S. A. George, Manager
Limb and Orthopedic Center
Murray Town Hospital
Freetown, Sierra Leone

School for the Deaf
Freetown, Sierra Leone

Miss Melvine Stuart, Former
Director
Special Education - Deaf, Blind
and Handicapped
Ministry of Education
Freetown, Sierra Leone

S. J. Forster, Former Chief Justice
Chairman, Society for the Deaf and
the National Association of
Societies for Handicapped
Sierra Leone

Emma Thompson
School for the Blind
Freetown, Sierra Leone

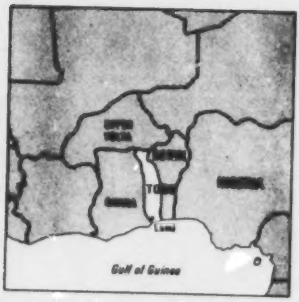
A. H. Mustapha
P.O. Box 664
Freetown, Sierra Leone
Office: Limb and Orthopedic Center
Murray Town Hospital
Murray Town, Sierra Leone

Director, Agency for International
Development
Freetown, Sierra Leone

WALPOL/West Moreland Street
Freetown, Sierra Leone

U. S. Peace Corps Director
United States Peace Corps
Sierra Leone

Frederick J. M. Kamara
Social Development Officer
Rehabilitation and Placement
Services for the Handicapped
Ministry of Social Welfare
Fort Street
Freetown, Sierra Leone



Togo

PROFILE

People

POPULATION: 2.3 million (1977 est.). ANNUAL GROWTH RATE: 2.7% (1966-72). DENSITY: 93 per sq. mi. (36 per sq. km.). ETHNIC GROUPS: Ewe, Mina, Kabyè. RELIGIONS: 60% animist, 20% Christian, 20% Muslim. LANGUAGES: French (official), local. EDUCATION: 50% of age groups 5-19 enrolled. LITERACY: 10% est. LIFE EXPECTANCY: 40 yrs.

Geography

AREA: 21,853 sq. mi. (56,600 sq. km.); slightly smaller than W. Va. CAPITAL: Lomé (pop. 130,000).

Government

TYPE: Republic. INDEPENDENCE: April 27, 1960. DATE OF CONSTITUTION: Constitution is suspended.

BRANCHES: *Executive*–President (Chief of State, head of sole political party). *Legislative*–disbanded. *Judicial*–Supreme Court.

POLITICAL PARTIES: Rassemblement de Peuple Togolais (RPT). SUFFRAGE: Universal adult. ADMINISTRATIVE SUBDIVISIONS: 22 Circumscriptions.

FLAG: Alternating horizontal green (3) and yellow (2) stripes with a white star on a red field in the upper left corner.

Economy

GNP: $525 million (1976 est.). ANNUAL GROWTH RATE: 5-8%. PER CAPITA INCOME: $233. PER CAPITA GROWTH RATE: 11%.

AGRICULTURE: *Land* 96%. *Labor* 78%. *Products*–yams, manioc, millet, sorghum, cocoa, coffee, rice.

INDUSTRY: *Labor* 22%. *Products*–phosphates, textiles, agricultural products.

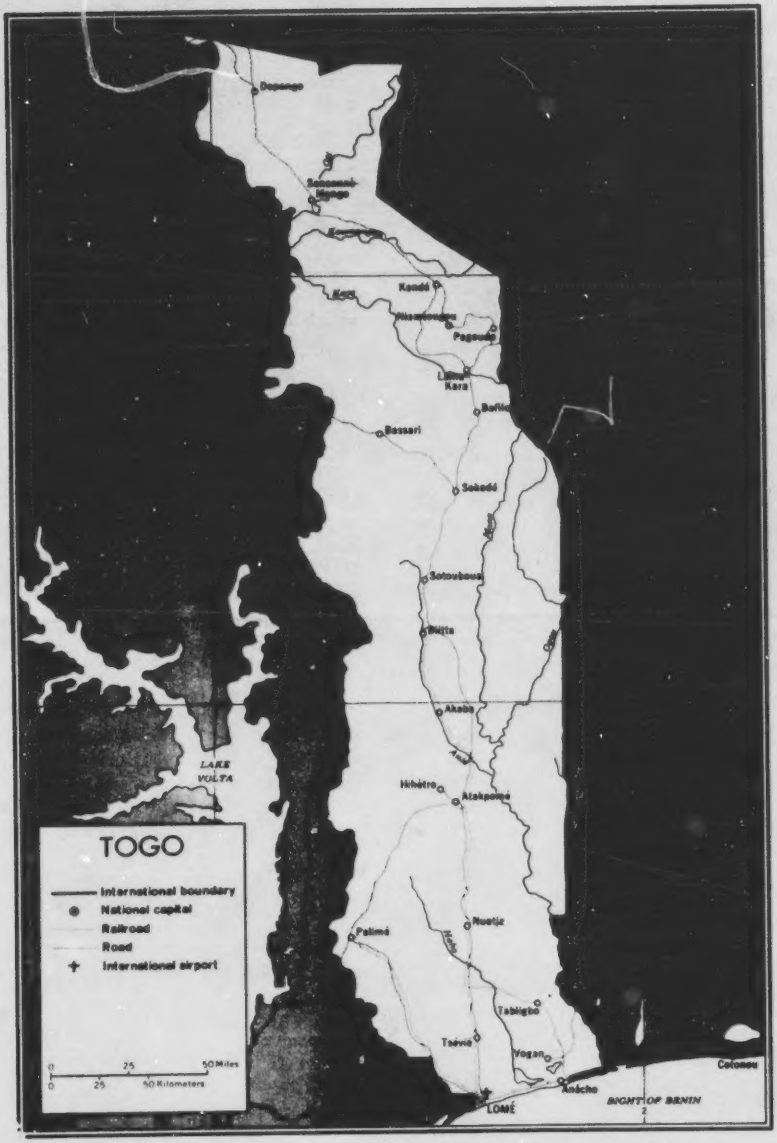
NATURAL RESOURCES: Phosphates, limestone.

TRADE: *Exports*–$127.5 million (1976): phosphates, cocoa, coffee. *Imports*–$162 million (1976): consumer goods, fuels, machinery, foodstuffs. *Partners*–France, UK, FRG, Netherlands, PRC.

OFFICIAL EXCHANGE RATE: Approx. 240 CFA francs=US$1 (floats with French franc).

ECONOMIC AID RECEIVED: *Total*–$172 million (1966-73). *US only*–$30 million (1959-76).

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN, Organization of African Unity (OAU), African, Madagascar, and Mauritian Common Organization (OCAM), ECOWAS, Entente.



OFFICIAL NAME: Republic of Togo

TOGO - Developments in Programs for Handicapped People

Togo is a small French-speaking country on the west coast of Africa just south of Ghana. It is not quite the size of West Virginia. It is an oddly shaped strip of land bordering on the Gulf of Guinea extending 360 miles inland and not more than 100 miles wide at any point. Its population of 2.2 million is primarily rural and engages in agricultural industry. It has thus far accomplished only limited economic development. Its chief exports are phosphates, cocoa and coffee.

The development of service programs to prevent and relieve disability is shared by the Ministries of Health, Social Affairs and Education. Data does not exist as to numbers or kinds of physical and mental conditions in this country. The Social Welfare Agency admits that a very small percentage of handicapped children or adults are ever seen by public or private volunteer organizations.

The enthusiasm and desire to get "something going" almost made up for the current lack of resources and organization. In a brief period of time, the project brought government and private sector people together with Peace Corps and U. S. Embassy Staff who were concerned with rehabilitation programs.

Visits were made to a newly started school for the deaf, a sheltered workshop where shoes and leather products were made, a limb and brace-making facility and school for orthopedically handicapped children.

The new School for the Deaf (Lome') is the only one providing this type of service in Togo. It is awaiting much needed support by the Education Ministry. The school itself has a good physical structure that could accommodate 30 or 40 students, if the staff is increased. Presently, there are approximately 15 students. We have supplied the School for the Deaf with technical information, including manual sign teaching materials.

Conferences with officials in Togo set the stage for the designation by the Social Welfare Agency of the Assistant Director to serve in a coordinative role. His task was to develop public and private interest and resources in order to serve the disabled. The United States Embassy staff agreed to explore possible funding for a visit to the United States by Togo officials for a briefing and observation of a variety of rehabilitation programs. We also agreed to explore assistance through Sister Cities International relationships, e.g. with Bay City, Michigan. In addition, the Peace Corps will seek possibilities for its staff to assist a sheltered workshop to expand its current program.

Progress has been made in all of these areas including a month-long visit by the Director of Social Affairs to the United States in August, 1977. Goodwill Industries International has established working relationships with the Togo program through this visit.

In the fall of 1978, Goodwill Industries sponsored a training workshop in Vocational Rehabilitation in Lome, Togo. Participants were drawn from the Francophone countries of West Africa and included both government and private officials directly responsible for the planning and administration of programs for the handicapped.

The workshop was hosted by CONGAT, a consortium of private, non-governmental agencies engaged in developmental projects in Togo and included participants from the Counseil d' Entent countries of Benin, Ivory Coast, Upper Volta, Niger and Togo, as well as from Mauritania and Senegal.

The workshop was conducted by lecturers from the New Trans-Century Foundation, Goodwill Industries, the International Labor Organization, Caritas-Togo and others.

The objectives of the training workshop were as follows:

1. To increase the capability of participants to plan, in cooperation with other agencies, projects to train and employ handicapped persons in their own countries.
2. To begin the planning process with participant representatives from each country by reviewing present programs for the handicapped and exploring relevant models of vocational rehabilitation.
3. To acquaint participants with the principles and practices of vocational rehabilitation and alternative training and employment projects for the handicapped.
4. To increase the capability of participants to manage or administer projects of private agencies by reviewing the special problems of indigenous non-profit organizations and providing relevant skill training.
5. To increase the capability of participants to act as advocates for the handicapped in their own countries, particularly for the integration of handicapped persons in ongoing government and private development projects.

Summary and Recommendations

Togo urgently needs technical assistance and material support for a rehabilitation center and workshop. Funding is needed to purchase equipment for woodwork, basketry, weaving, etc. The Peace Corps is interested in assisting this venture and their talents and enthusiasm should be valuable.

In addition, the Sister City (Bay City, Michigan) should be encouraged to participate in the development of this program.

TOGO - People and Resources Related to Rehabilitation Developments

Ambassador of Togo
2208 Massachusetts Avenue, N.W.
Washington, D. C. 20008

Donald B. Palmer
Ambassador of the United States
of America
Embassy of the United States
Lome', Togo

Karl Beck
Peace Corps Director
Lome', Togo

William Young
Deputy Chief of Mission
Embassy of the United States
of America
Lome', Togo

Madame Kayissan Brenner
Director of Social Affairs
Government of Togo
Lome', Togo

Madame Aminate Traore
Director of Social Welfare
Government of Togo
Lome', Togo

Mr. Ayika Messan
Physical Therapist
B.P. 177
Lome', Togo

Djiwa Akanga
Counselor
Embassy of Togo
2208 Massachusetts Avenue, N.W.
Washington, D. C. 20008

Instructors - School for the Deaf,
Lome'

Pasgo Patekeda and
Nagou Bomboma
P'Ecole Ephphata
B.P. 2341
Lome', Togo

CURRENT DEVELOPMENTS IN PROGRAMS FOR HANDICAPPED PEOPLE - EAST AFRICA

The following sections provide summaries for each country selected for the project. Included in the summaries are pertinent information about rehabilitation, special education, health, basic information of the country and contacts and resources in rehabilitation and government.

While the focus of the project was on the previously described West African countries, the following summaries of East African nations are provided to stimulate further interest in rehabilitation processes and needs in these developing nations. Summaries are provided for Ethiopia, Kenya, Malawi, Mauritius, Tanzania and Uganda.

Ethiopia

PROFILE

Geography

AREA: 472,000 sq. mi. (compares in size with Tex., Okla., and N. Mex. combined). CAPITAL: Addis Ababa (pop. 900,000). OTHER CITY: Asmara (240,000).

People

POPULATION: 28 million (1975 est.). ANNUAL GROWTH RATE: 2.5% (1975 est.). DENSITY: 58 per sq. mi. ETHNIC GROUPS: 25% Amhara, 40% Galla, 12% Tigre, 9% Sidama, 2% Somali. RELIGIONS: 35-40% Ethiopian Orthodox Christian, 40-45% Muslim, 15-25% animist. LANGUAGES: Amharic (official), Tigrinya, Gallinya, Arabic. LITERACY: 7%.

Government

TYPE: Provisional Military Government. DATE OF CONSTITUTION: 1955 (suspended).

BRANCHES: *Executive*–Provisional Military Administrative Council (PMAC). *Legislative*–none; Parliament dissolved in 1974. *Judicial*–Supreme Court.

POLITICAL PARTIES: None. ADMINISTRATIVE DIVISIONS: 14 Regions.

FLAG: Green, yellow, and red horizontal stripes from top to bottom.

Economy

GNP: $2.4 billion (1974 est.). ANNUAL GROWTH RATE: 4% (est.). PER CAPITA INCOME: $88 (1974 est.).

AGRICULTURE: *Land* 53% pasture, 12% cultivated. *Labor* 86%. *Products*–cereals, coffee, pulses, oilseeds, hides, skins, meat.

INDUSTRY: *Labor* 10%. *Products*–processed food, textiles, cement, building materials, hydroelectric power.

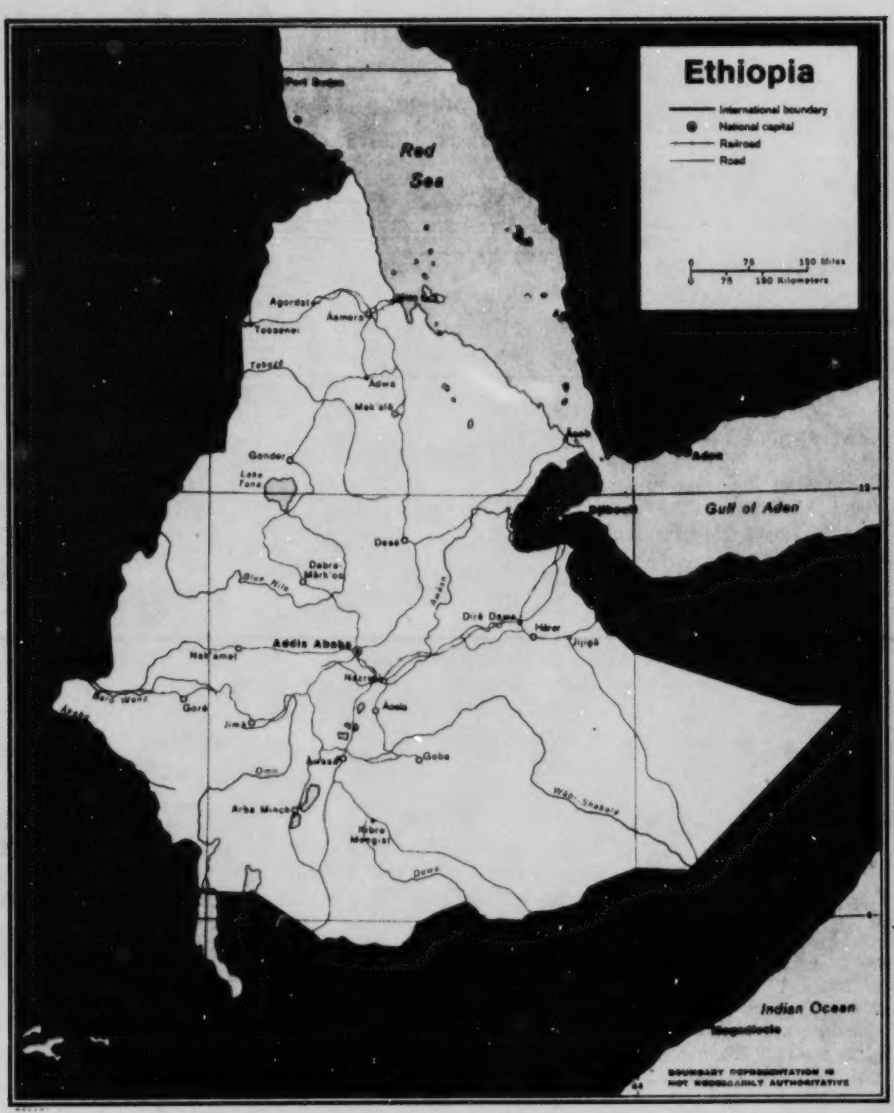
MINERAL RESOURCES: Potash, salt, gold, copper, platinum.

TRADE: *Exports*–$305 million (1974 est.): coffee 50%; pulses; hides, skins, and meat. *Partners*–US, FRG, Saudi Arabia, Italy. *Imports*–$268 million (1974 est.): manufactured goods, transport equipment, foodstuffs, fuels, textiles. *Partners*–Italy, Japan, FRG, US.

OFFICIAL EXCHANGE RATE: Eth. $2.07=US$1.

AID RECEIVED: *Total economic*–approx. $600 million (WWII-1973). *US only*–$309 million (1951-74): AID $244 million, Peace Corps $30 million, P.L. 480 (Food for Peace) and drought relief $35 million; military assistance (1953-75): $221 million in grants; $36 million in credits.

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and several of its specialized agencies, Organization of African Unity (OAU), International Coffee Organization (ICO).



OFFICIAL NAME: Ethiopia

ETHIOPIA - Developments in Programs for Handicapped People

Ethiopia, formerly known as Abyssinia, is located in East Africa and is bounded by the Somali Republic, Kenya and the Sudan. The Red Sea is on its northeast border. Natural resources are mainly agricultural with a variety of crops grown as a result of diversified climate and soil. Mineral deposits include iron, copper, zinc, lead, potash, gold and platinum.

A United Nations estimate in 1969 gave a population of nearly 25 million people. The capital, and largest city with more than one-half million, is Addis Ababa.

The economy is mainly dependent on agricultural products and the raising of livestock. Cereal grains for local consumption are probably the most important of the food crops, while coffee is the most important commodity for the economy of Ethiopia. The processing of agricultural items is the main type of manufacturing with textile ranking second. Metal-working industries and oil processing have also recently been developed.

Rehabilitation Programs

Ethiopia's Rehabilitation Program for the Disabled is best described in a paper by Ato Kassa Kebede (1975). Excerpts from this paper are provided below.

Historical Background

> Historically, services for the disabled in Ethiopia used to be carried out exclusively by the extended family, traditional mutual aid associations and local institutions such as the church. When a person was disabled, it was the accepted duty of his family to maintain and support him. In such a society, a disabled person was usually not displaced from his family environment unless there was an additional factor in his disability which was strong enough

to break down traditional family obligations. This factor was found in crippling diseases, such as leprosy, which were surrounded, as they still are, by ancient prejudice and stigma. Another spontaneous expression of concern for the disabled was the tradition of almsgiving, which is strongly established in both the Christian and Moslem religions in Ethiopia, based on the belief that almsgiving was necessary for eternal salvation. As far as treatment for disabilities went in ancient Ethiopia, the only remedies were such supernatural ones as bathing in holy waters, visiting witch doctors and the like, because the disability was believed to be a curse from God or some other supernatural being.

In the year 1900, the first medical treatment center for leprosy patients was established in Ethiopia by a Catholic Mission in the town of Harra, 530 kilometers east of Addis Ababa, being the first modern rehabilitation center. Following that, medical rehabilitation centers were established by voluntary organizations with special emphasis on the treatment of leprosy, a treatment that has since gone through various stages and a revolution of its own. In so far as the treatment of disease directly related to disability is concerned, leprosy treatment was also the first program to be given government attention. Other than medical rehabilitation programs, which were largely implemented through general hospitals, rehabilitation and social welfare programs were mainly the concern of voluntary organizations without government involvement until the early 1960s. Since 1945, however, various top-level government committees were appointed to examine existing social problems and to recommend solutions. The problems of the disabled were investigated and recommendations made, but it was not until 1963 that regular budget appropriations for social welfare were made. This established government's acceptance of the responsibility of caring for the unfortunate and gave social welfare its legitimate place in government planning.

Though there was no government department for either social welfare or rehabilitation, the Ethiopian government, through its Ministry of Community Development, submitted a request to the ILO for a rehabilitation expert in 1959. In response to this request, Mr. Edgar Marland, who is always remembered in Ethiopia for having established the umbrella factory owned by the United Abilities Company, was assigned as an expert from July 1961 to January 1967. Though the United Abilities Company, at this time a share company, was established, there was no government rehabilitation program until 1966. In 1966, the Ministry of National Community Development and Social Affairs opened a vocational rehabilitation center in Addis Ababa, which is now called the Ethio-Craft Workshop. This center trained and employed the disabled in the production of hand-woven carpets, tablecloths, napkins, curtains, bedspreads and shema, the national costume.

The establishment of this center, however, was no answer to the massive problem that prevailed at the time. The need for coordinating the efforts of non-governmental as well as those governmental organizations was also recognized, more than ever, during this period. It is as a result of this perception that the Rehabilitation Agency for the Disabled was established by law in 1971 as an autonomous public authority, with the purpose of assisting, coordinating and supervising the non-governmental organizations besides running rehabilitation programs of its own.

Programs

There are over 60 governmental and non-governmental organizations rendering rehabilitation service in Ethiopia today. The paper briefly discusses the medical, vocational and social programs of Ethiopia's rehabilitation service.

The major components of Ethiopia's medical rehabilitation programs are such services as leprosy control, leprosy treatment, appliances for the disabled, smallpox eradication, trachoma eradication and other preventive and medical services rendered through specialized hospitals, general hospitals, health centers and clinics. Discussing medical rehabilitation programs for Ethiopia, I would like to reiterate the need for priority measures in the preventive field to combat disabling diseases. Establishing and running rehabilitation centers without recognizing and preventing the causes that created the need for individual's or groups of individuals' rehabilitation is an unrealistic approach to the problem. The medical rehabilitation program of Ethiopia, and possibly those of other African countries, need to be designed differently to those of the developed countries.

Our programs should follow a course which would lead to a condition which creates less demand for rehabilitation than one which perpetuates it.

The Social Rehabilitation Program is interrelated with the medical and vocational programs and, in most cases, is relatively more supportive than independent. Social rehabilitation services are given before, during and after medical and vocational rehabilitation and are aimed at assessing the needs of the individual, his capabilities and potential in order to enable him to fulfill his functions as an accepted productive and self-supporting member of his community. Social rehabilitation in the Ethiopian context includes the following services: social casework through which the background and needs of the rehabilitant are assessed and proper guidance and counseling given, to enable him to adjust to his environment; group counseling services through which the rehabilitant is enabled to develop confidence in himself and to participate in the activities of the programs around; special education facilities for different disabled groups such as the blind and the deaf; civic education through which the individual is taught his rights and duties and is taught to change his attitude toward himself and others and through which general public is helped to change its attitude toward disability and

the disabled; social services such as health education, mother and child health programs, given importance as they are contributing factors in the general social and physical upbringing of the individual; and institutional care for the young and the old who are in need of care and support. Placement and follow-up, the last and most vital stages in the rehabilitation process, are also categorized as part of the social rehabilitation program, as well as supporting to the vocational rehabilitation process.

It was also noted that the sheltered employment approach, in the sense of being a production enterprise where the disabled are placed and expected to produce with the use of the able functions of their body, has been tried in agriculture in Ethiopia. It has proven to be successful because most of the disabled have farmer backgrounds and because the capital input compared to the number of people employed is very low and also because agricultural produce has easy market demand. Today in Ethiopia, therefore, the term sheltered employment opportunity does not necessarily mean industrial, but also agricultural enterprises."

The Kebede paper also addressed the problems he has encountered in Ethiopia. These are outlined below:

1. The identification of feasible workshop projects based on proper studies in the production, management and marketing fields.
2. When feasible projects have been identified, the lack of necessary resources for their implementation.
3. When necessary resources have been obtained, the number of sheltered workshops being limited to large population centers, thereby attracting and being unable to absorb the disabled migrating from the rural areas and consequently, increasing the number of disabled in those centers.
4. The lack of readily available trained manpower for all the facets of the national rehabilitation programs.
5. The general public's failure to recognize the productive capacities of the disabled, their treatment of the disabled as inferior groups and the disabled person's acceptance of his inferiority and continued dependence.

6. The identification of proper media and the development of appropriate communication materials for changing the general public's attitude toward the disabled and that of the disabled person toward himself.
7. The lack of sufficient information and well-documented statistical data on the disabled for the preparation of national plans.

Future Plans (As reported by Kebede (1975), Director of the Ethiopian Social Rehabilitation Program)

Motivated by the various problems encountered and being unable to find simple answers, the Ethiopian Social Rehabilitation Program was forced to establish some experimental programs. One good example is the Siga Meda Project. In 1973, the rehabilitation agency made a survey of the destitute in Addis Ababa which revealed that there were over 5,000 streetboys and over 11,000 adults on the streets, making the Addis Ababa destitute and mostly beggar population over 16,000. Following this, the Siga Meda Project, 30 kilometers outside Addis Ababa and which has the capacity to accommodate 4,000 people, was constructed. The center provides the basic human needs such as food, clothing and shelter for its clients and a rehabilitation team composed of a social worker, health officer and vocational instructor will access each individual client through the means of a case conference and determine the rehabilitation measures required to make the client an independent and productive citizen. The location of the site outside the city was a decision based on the findings of the survey, that most of the destitutes were migrants from the rural areas. The rehabilitation service will, therefore, take place in a rural environment and in concentrating on

agricultural training will enable the agency to send clients back to their home communities or resettle them in agricultural ventures. The major functions of the center are to receive clients, screen them through a case conference, provide training to those who cannot be placed without further assistance and ultimately place those who have been trained. Other than the agricultural training program, there are also other vocational training programs geared to rural needs. Children who have to attend schools, the aged and crippled with multiple disability will be forwarded to long-term care institutions run by the agency or non-government organizations or reunited with their families with a government grant at the initial stages of their admission to the center.

Since a future rehabilitation plan cannot be separated from the general national plan, rehabilitation programs will be related to the social, economic and political conditions which are undergoing revolutionary changes at the moment. Most people will have learned that the country is in a transition from a feudal-bourgeois to a socialist system. This change has brought land reform, which created the basis for farmers' associations in the rural areas and urban land nationalization, which initiated the establishment of neighborhood communes. This new system provides the framework for decentralizing services and for the active participation of farmers' associations and urban communes in planning and implementing programs for satisfying their community need.

In recognition of this situation, the rehabilitation agency has chosen two cases for experimentation, one in a semi-rural area, Debre Zeit, and the other in one of the sub-districts of Addis Ababa. In both places, the agency is encouraging the local associations through grants in aid and technical guidance in order to plan and implement these programs.

A Synopsis of Programs for the Disabled

The following provides a brief listing of the Ethiopian Rehabilitation Agency's programs:

1. The Social Welfare and Vocational Rehabilitation Department deals with daily requests for assistance. These services include job placement, referral to the agency's centers, hospitals or training centers.
2. Ethio-Craft Production Workshop employs just under 500 disabled persons in carpet making and weaving cotton material.
3. Siga Meda Reception, Training and Placement Center serves more than 1,000 physically disabled, abandoned children and mothers and their infants.
4. Filwaha Children's Home serves 150 streetboys and streetgirls.
5. The Ethiopian Child and Family Welfare Association Hostels serves 215 former streetboys and streetgirls.
6. Zenebework Reception Center serves around 500 destitute and disabled persons.
7. Debre Libanos Home for the Aged serves 200 elderly persons.
8. Addis Hiwot Agricultural Center is designed for training and job placement of 450 ex-leprosy heads of the family and their families.
9. Abrana Bahta Rehabilitation Center (Harar) is an all purpose center for 150 physically and socially disabled persons. The successes of these experiments will determine the future working relationship between the rehabilitation agency and the rural and urban

associations. On a national scale, the agency will continue to serve as a clearinghouse of information for rehabilitation, a coordinator of plans, programs and funds, a liaison between local and international organizations and also as an operator of rehabilitation programs for the already dispossessed and disabled members of Ethiopian society who cannot gain acceptance in the newly formed association.

Ethiopia - People and Resources Related to Rehabilitation Developments

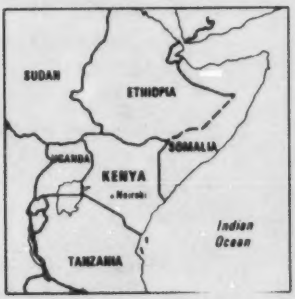
Kassa Kebede
General Manager
Rehabilitation Agency for the Disabled
Post Office Box 21372
Addis Ababa, Ethiopia

Amha Desta School for the Deaf
Makanissa
Near Coffee Board Road
Post Office Box 3147
Addis Ababa, Ethiopia

Cheshire Home for Physically Handicapped Children
Ambo Road
Post Office Box 3427
Kolobo, Ethiopia

Ethiopian Cooperative Union for the Blind
Post Office Box 30057
Addis Ababa, Ethiopia

Rehabilitation Center
Weatheral Road
Post Office Box 2916
Addis Ababa, Ethiopia



Kenya

PROFILE

People

POPULATION: 14.2 million (mid-1977 est.). ANNUAL GROWTH RATE: 3.3% (1976). DENSITY: 63 per sq. mi. (24 per sq. km.) ETHNIC GROUPS: Of the African population, Kikuyu 20%, Luo 14%, Luhya 14%, Kamba 11%, Kisii 7%, Meru 5%; about 2% of total population are non-African (Asians, Europeans, Arabs). RELIGIONS: Animist 38%, Protestant 37%, Roman Catholic 22%, Muslim 3%. LANGUAGES: English, Swahili, and many tribal languages. FUNCTIONAL LITERACY: 15-20%. LIFE EXPECTANCY: 51 yrs. YEARS OF MANDATORY EDUCATION: None. However, the first 4 years of primary school are provided free by the Government.

Geography

AREA: 224,900 sq. mi. (582,488 sq. km.); slightly smaller than Tex. CAPITAL: Nairobi (pop. 800,000). OTHER CITIES: Mombasa (351,000), Nakuru (66,000), Kisumu (46,000).

Government

TYPE: Republic. INDEPENDENCE: December 12, 1963. DATE OF CONSTITUTION: 1963.

BRANCHES: *Executive*–President (Chief of State, Head of Government, Commander in Chief of the Armed Forces). *Legislative*–unicameral National Assembly (parliament). *Judicial*–High Court, various lower courts. POLITICAL PARTY: Kenya African National Union (KANU). SUFFRAGE: Universal over 21.

ADMINISTRATIVE SUBDIVISIONS: 40 rural Districts, joined together to form 8 rural Provinces. Nairobi area has special status.

FLAG: Black, red, and green horizontal bands from top to bottom, separated by narrow, white stripes. A warrior's shield and crossed spears are centered on the flag.

Economy

GDP: $3.0 billion (1976, current prices). ANNUAL GROWTH RATE: 5.1%. AVERAGE GROWTH FY 72-76: 3.8%. PER CAPITA INCOME: $217. PER CAPITA GROWTH RATE: 1.7%. AVERAGE RATE OF INFLATION (last 5-year period): 14%.

AGRICULTURE: *Land* 10-15%. *Labor* 23%. *Products*–corn, wheat, rice, sugar cane, coffee, tea, sisal, pyrethrum, meat and its products, hides, skins.

INDUSTRY: *Labor* 14%. *Products*–petroleum products, cement, beer.

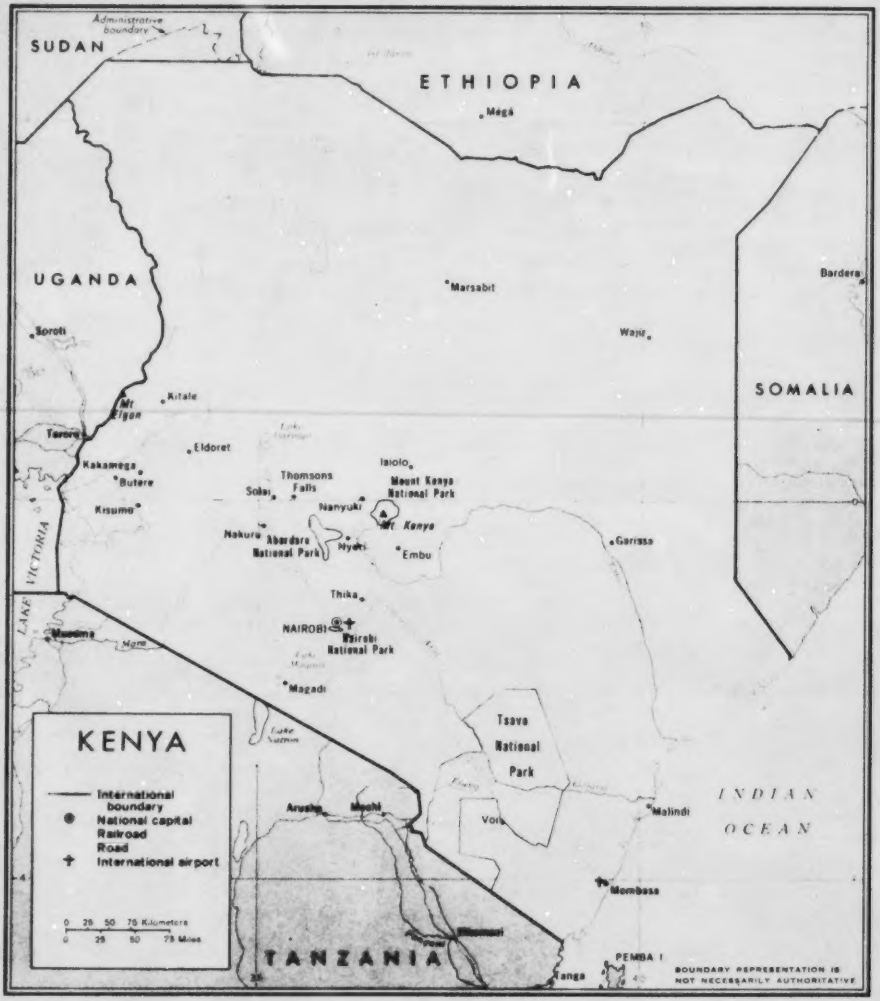
NATURAL RESOURCES: Wildlife, land.

TRADE: *Exports*–$828.1 million (1976 *f.o.b.*): Coffee, petroleum products, tea, hides and skins, meat and meat products, cement, pyrethrum, sisal, soda ash, wattle extract. *Partners*–European Economic Community (EEC), US, Canada, Zambia, Iran, Japan, Australia, India, People's Republic of China. *Imports*–$976.7 million (1976 c.i.f.): crude petroleum, machinery and vehicles, iron and steel, paper and paper products, pharmaceuticals, fertilizers, fabrics. *Partners*–EEC, US, Canada, Zambia, Iran, Japan, Australia, India, People's Republic of China.

OFFICIAL EXCHANGE RATE: 8.31 KSh (Kenya shillings)=US$1.

ECONOMIC AID RECEIVED: *Total*–Over $1.16 billion (est. through FY 1977). *US only*–$172 million (FY 1954-77): grants and loans.

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and several of its specialized agencies, OAU, Commonwealth of Nations, INTELSAT.



OFFICIAL NAME: Republic of Kenya

KENYA - Developments in Programs for Handicapped People

Kenya is situated alongside the equator on the east coast of Africa and is bounded by Sudan, Ethiopia, Tanzania, Uganda, Somalia and the Indian Ocean. Nairobi, the capital city with a population of 800,000 people, is at an altitude of 5,400 feet. This city is the center of international conferences, commercial and industrial activity for East Africa.

The colonial history goes back to 1885 when European powers partitioned East Africa into two spheres of influence. By 1895, the British government established the East African Protectorate. Africans were not allowed political participation until 1944. The first direct elections for Africans to the Legislative Council occurred in 1957 and Kenya gained independence in 1963. Jomo Keynatta, a member of the Kikuyu tribe, became the first President of Kenya. The President is elected by a National Assembly to serve a five-year term. A unicameral National Assembly consisting of 158 members is elected to a term of five years, plus 12 members are chosen by elected members. The President also selects the 11 judges and chief of the Supreme Court.

Kenya is largely an agricultural country, yet only ten percent of the land is adequate for agricultural pursuits. Light industry including agricultural processing and oil refining has been important to this nation since World War II.

Advances in Rehabilitation

Kenya has been developing a national program through the Ministry of Social Services for the past seven years. The unit is headed by a Senior Rehabilitation Officer with centralized administration and control. The organization has established centers for case finding and

service delivery throughout the country. Excellent cooperative relationships exist with private organizations serving special interest and select groups of handicapped persons. Important among these organizations are the Cheshire Home and Schools, the Association for the Physically Handicapped of Kenya, the Jaccaranda Center for Mentally Retarded, the Kenyatta National League of the Disabled and organizations promoting services for the deaf and blind.

An excellent synopsis of Kenya's program of vocational rehabilitation by F.K. Boit (1975) is provided as follows:

> "Poliomyelitis continues to be the largest crippling disease in Kenya with the main form of control through inoculation. Blindness, which is caused by trachoma and other infections, takes second place. Mobile eye units visit schools and treat a constantly increasing number of patients. Speech therapy clinics offer services to deaf and mute children.
>
> Kenya has approximately 6,000 mentally handicapped people, many of whom are admitted to a mental hospital under the care of a psychiatrist. There are also paraplegics, accident victims, spinal injuries, leg and arm amputees, with most being disabled through motor accidents.
>
> At present, Kenya has two categories of vocational rehabilitation services for the physically disabled. The Industrial Rehabilitation Center serves the disabled in the urban area and uses industry for wage-earning employment as a means of reintegrating the disabled. Secondly, Kenya has six rural vocational rehabilitation centers, one for each providence.
>
> The rural vocational rehabilitation services in Kenya are designed to enable persons to support themselves and their families and live a full social life within their communities. They provide training in cash-crop farming, small animal farming, rural tailoring, shoe and leather work with rural crafts, etc. Bearing in mind that more than 90 percent of Kenya's population lives in the rural areas, it is intended that these people will be resettled (rehabilitated) in their home area.

At present, there is a sheltered workshop in Nairobi for the manufacture of orthopedic aids such as crutches, calipers, boots, wheelchairs, etc. The workshop functions as a sheltered workshop where the disabled are employed on a wage-earning capacity, although those employed there are not severely disabled persons. It is the intention of the Kenya government to establish workshops for the severely disabled in the near future when funds are available.

Several sheltered workshops are operated by voluntary agencies. These and other services provided by voluntary associations are financed from private contributions, but subsidized by the government grants.

Blind

The Salvation Army in Kenya operates six schools for the blind, including a Trade Training Center for blind adults. The Ministry of Education provides the supervision.

Deaf

There are sixteen schools and clinics for the deaf and financing is obtained through public contributions and government grants.

Mentally Handicapped

The agency serving the mentally handicapped is also supported through public donations and government grants. It provides assistance to all school units for the mentally handicapped.

The National Vocational Rehabilitation Agency of Kenya also works closely with various Mission Societies in the field and is currently employing members from International Volunteer Agencies toward promoting education for mentally handicapped children and expanding the training for special teachers.

Leprosy

There is no central voluntary organization designed specifically for the care of leprosy patients. The main emphasis is still on treatment and control, but it is recognized that resettlement (rehabilitation) is closely associated from the commencement of treatment.

The Division of Vocational Rehabilitation in Kenya hopes to establish cooperative rehabilitation centers where groups of leprosy patients and their families may train together and learn to live as cooperative communities.

Some voluntary agencies operate mobile clinics which reach disabled persons in rural areas and provide services designed to relieve their distress and improve their prospect of rehabilitation. It is at the age of 16 years when they can be admitted to the rehabilitation centers. The government plan is cooperating with the voluntary agencies in implementing the new program.

Staff Training

Rehabilitation programs in Kenya started only a few years ago and the government intends to create a staff training and administrative complex that would bring together under one roof all the facilities needed by the National Rehabilitation Committee and voluntary agencies, when funds are available. There is no well-planned staff training at present, but staffs are learning from one another during staff meetings and through group discussions.

The staff training in vocational rehabilitation in Kenya still needs to be reviewed, i.e. what is needed to achieve an effective program is a long-term plan.

Problems

Certain problems hinder the efficient management of the rehabilitation centers, with the major factor being the system of allocating funds. Thus, the managers are finding it very difficult to administer a center when there are no materials for the occupational instructors in the workshop.

There is a general shortage of staff, particularly among those with technical know-how in vocational rehabilitation programs.

The managers are in the same salary scale as the occupational instructors. In fact, some instructors earn more than the boss (manager) who is over all in charge of day-to-day running of the rehabilitation center.

Future Plans

Plans are underway to open an additional rural vocational rehabilitation center. Where the need arises, a special sheltered workshop will be established to serve the very severely disabled who cannot conveniently participate in the regular vocational rehabilitation centers.

Plans are underway to establish mobile rehabilitation units aimed particularly at talking rehabilitation services to disabled men and women who cannot leave their families to undergo courses in rehabilitation centers.

Future plans also include the following projects:

1. Complete rehabilitation plans for the mentally handicapped.

2. Cooperatives for leprosy patients in conjunction with the Ministry of Health.

3. Mobile delivery and collection units to organize the distribution of raw materials and the marketing of finished products.

4. Suitable rural resettlement (rehabilitation) and follow-up services.

In another excellent resource paper, T. L. Wijenje (1975) discussed The Problems of Blindness in Africa. Excerpts are presented as follows:

Wijenje points out that "blindness in Africa is one of the consequences of the complex under-development situation which exists in nearly all countries on the continent. It is associated with the characteristics of low incomes, low educational standards, undernourishment, low health standards and, therefore, low work output. The fight against blindness and its after effects is, therefore, part and parcel of the whole process of development in every country."

Wijenje goes on to state that "in view of the complexity of the problems of under-development in Africa and the machinery that has been employed to manage the economics, it is not quite clear whether the problems arising from blindness have received the priority they deserve in the planning of development in the countries affected. This is evidenced by the fact that in most African countries, it is voluntary organizations that were pioneers in the field of rehabilitation of the blind and that government involvement is a recent development.

The National Blind Welfare Organization exists in all the commonwealth countries of Africa, but there is still insufficient training for senior administrative staff. Particular importance, therefore, is attached to the plan now being implemented by the government of Nigeria, in consultation with the Royal Commonwealth Society for the Blind, to establish at the Kaduna Staff Training College, a comprehensive course at graduate level for blind welfare administrators. This course, which we hope will begin next year, will offer training to senior administrators of national programs for the handicapped.

Blind persons' most important need is for education, rehabilitation and opportunities of employment. Great numbers of blind African citizens live in destitution and loneliness. We are aware of the diversity of customs, traditional beliefs and religious diversions, not only within the continent, but often within the individual countries themselves, with problems created from these differences. It is not possible here to go into detail for all areas of our continent. The one essential point is the fundamental and inalienable right of all blind people to be allowed to work according to their capabilities and not to be excluded on account of blindness alone. It is a duty of all of us who are concerned with the future of blind persons to ensure that opportunity and training are made available. Taking into consideration our own country's economical structure, its future development plans and its ability to absorb into these plans not only blind workers, but those with other disabilities.

The paper goes on to describe the current state of employment for blind as follows: Rural employment has, unfortunately, not progressed satisfactorily in Africa during the past few years. This is not due to any lack of practicability in such training, but largely to administrative failures. It was estimated three years ago throughout Africa that during the previous 12 years, some 2,000 blind farmers had been trained and resettled. I do not believe that number has increased since then and may have receded. I wish to make a strong plea for rural employment so as to stop people from flocking into towns where they later drift to begging in the streets, yet they could easily earn their living staying with their relatives in their villages with less risk of the complications of town life.

Urban Employment

Urban workshops or urban training centers for the blind now exist in most African countries. For the most part, they are small and not highly productive. The policy followed is that employment and training facilities should be along one or two lines of development. If they really are serving the needs of a modern urbanized community, they should be mechanized, expertly managed and based on the subcontracting principle and, in most cases, should employ sighted labor including, of course, sighted disabled people. If they are serving a traditional area, productivity should be based firmly on local requirements and the use of indigenous materials. Generally speaking, we have not been nearly imaginative enough in developing new trades and markets for the blind.

Industrial Placement

This has hardly yet begun in Africa. There are some small schemes in Ghana, Nigeria, Kenya and Zambia, but nowhere has a really effective staff of expert placement officers been established. If a suitable program were worked out on a regional basis, developed countries or international bodies (such as the Royal Commonwealth Society for the Blind, England; American Foundation for the Overseas Blind; Christophe Blinden Mission, Germany, etc.) could be approached for assistance, probably to collaborate with staff training and initial support.

Those who are not absorbed into the workshop should be assisted to work in unsheltered industry. This depends on sustained effort by a devoted social worker or expert placement officer who is greatly needed in Africa.

In order to succeed in our work, so as to alleviate the problem, we should consider some of the following:

- The goal of successful training means satisfactory job placement;
- to ensure placement at the end of training, the actual needs of the labor market should be borne in mind;
- training must be conducted in an efficient and businesslike manner;
- careful selection of trainees is essential to successful training;
- the training and appointment of a dedicated and trained employment officer;
- the vital importance of mobility and the need for expert training in techniques;
- a willingness to integrate all disabilities where there can be a common advantage to all;
- the creation of public good will and understanding by the improvement of the blindman's image in Africa. The climbing of Mt. Kilimanjaro by a group of blind people is a superb example of this.

The above two articles provide an excellent overview of progress and recommendations to provide more and better services for the handicapped in Kenya.

KENYA - People and Resources Related to Rehabilitation Developments

Ambassador J.P. Mbogua
Kenya Ambassador to the U. S.
2249 R Street, N.W.
Washington, D.C. 20009

Director
U.S. International Communications Agency
c/o Embassy of the U.S.A.
Nairobi, Kenya

Mr. Godfrey W. Mahinda
Senior Rehabilitation Officer
Gill House
Ministry of Housing and Social Services
Nairobi, Kenya

Mrs. Espenhaln, Executive Director
Kenya Society for Deaf Children
Queensway House
Nairobi, Kenya

Mr. Kirima, Deputy Mayor
City of Nairobi City Hall
Nairobi, Kenya

Dr. Julie Ojiambo, Assistant Minister
Ministry of Housing and Social Services
Government of Kenya
Nairobi, Kenya

Mr. Nuke, Director
Rehabilitation Training Center
Embo, Kenya

Mr. Martha Menya
Chief Social Welfare Officer
Ministry of Housing
P.O. Box 45958
Nairobi, Kenya

Director
U. S. Peace Corps
Nairobi, Kenya

National Christian Council of Kenya
P.O. Box 45009
Nairobi, Kenya

Mr. B.A. Kiplagat
Deputy General Secretary
National Christian Council of Kenya
P.O. Box 45009
Nairobi, Kenya

Mr. D. Waithaka
Secretary for Cottage Industries Program
National Christian Council of Kenya
P.O. Box 45009
Nairobi, Kenya

Mr. Magachi Onyoni, Founder-Chairman
National League of the Disabled of Kenya
P.O. Box 72819
Nairobi, Kenya

Mrs. Salome W. Gad, Director-Matron
Cheshire Home - Dagaretti Children's Center
Nairobi, Kenya

Mr. Kibuchi
Orthopedic Center
Nairobi, Kenya

Dr. Fred Osaki
Dean, School of Education
Nairobi, Kenya

Mr. R. K. Horra
Vocational Guidance Officer
Ministry of Cooperative and Social Services
P.O. Box 46720
Nairobi, Kenya

School for Crippled Children
Salvation Army, Joytown
P.O. Box 326
Thika, Kenya

Mrs. Conlon
Jacaranda School for Mentally Retarded
Nairobi, Kenya

Malawi

PROFILE

People

POPULATION: 5.57 million (1977 est.). ANNUAL GROWTH RATE: 2.9% (1977). DENSITY: 122 per sq. mi. (47 per sq. km.). ETHNIC GROUPS: Chewas, Nyanja, Lomwe, Yao, Sena, Tumbuka. RELIGIONS: Traditional African religions, Christianity, Islam. LANGUAGES: Chichewa, English. YEARS OF MANDATORY EDUCATION: None. LITERACY: 20-25% (est.). LIFE EXPECTANCY: 42 yrs. (1975).

Geography

AREA: 45,747 sq. mi. (118,484 sq. km.); comparable in size with Pa. CAPITAL: Lilongwe (pop. 102,924). OTHER CITIES: Blantyre (228,520), Mzuzu (16,119), Zomba (15,705).

Government

TYPE: Republic. INDEPENDENCE: July 6, 1964. DATE OF CONSTITUTION: July 6, 1966.

BRANCHES: *Executive*–President (Head of Government, Chief of State), Cabinet. *Legislative*–National Assembly (Unicameral). *Judicial*–Magisterial and Traditional Courts.

POLITICAL PARTY: Malawi Congress Party. SUFFRAGE: Adult (21 years). ADMINISTRATIVE SUBDIVISIONS: 24 Districts.

FLAG: Horizontal tricolor of black, red, and green with a red rising sun in center of the black stripe.

Economy

GDP: $849 million (1977 prices). GNP: $821.6 million (1977 prices). ANNUAL GROWTH RATE: 6.1%. PER CAPITA INCOME: $154. PER CAPITA GROWTH RATE: 4.1%. AVERAGE RATE OF INFLATION (last 5-yrs.): approx. 10%.

AGRICULTURE: *Land* 30%. 3.4 million acres (1.4 million hectares) under cultivation in traditional sector. 1.6 million acres (.6 million hectares) fallow. 1.6 million acres (.6 million hectares) potentially good for cultivation. *Labor* 90%. *Products*–tobacco, tea, sugar, corn, groundnuts.

INDUSTRY: *Labor* 12%. *Products*–food, beverages, tobacco, textiles, footwear.

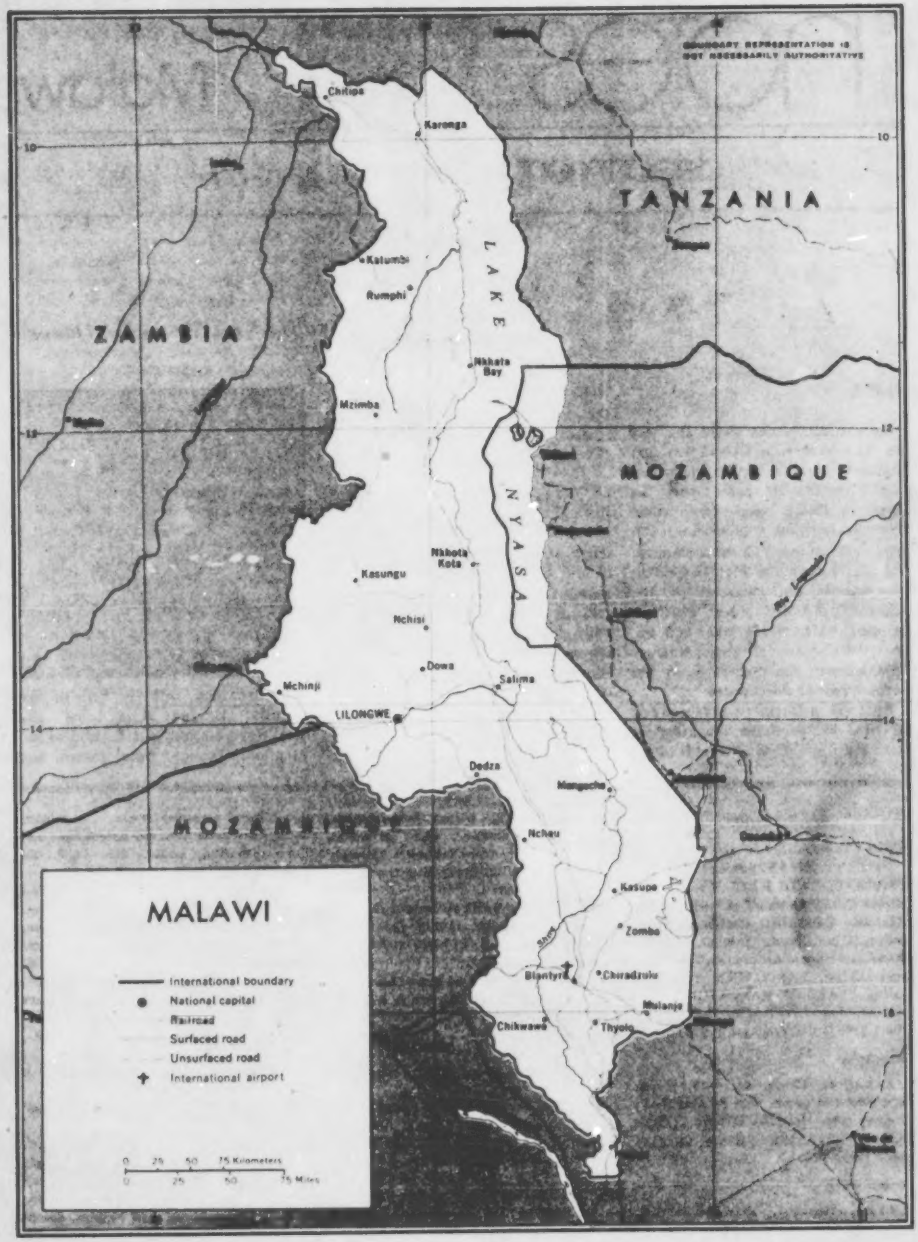
NATURAL RESOURCES: Limestone.

TRADE: *Exports*–$219 million: tobacco, tea, sugar, peanuts. *Partners*–UK, US, South Africa, Netherlands, FRG. *Imports*–$215.7 million: machinery, transportation equipment, manufactured goods, oil. *Partners*–South Africa, UK, Japan, US, FRG, Netherlands.

OFFICIAL EXCHANGE RATE: 1 kwacha=US$1.18.

ECONOMIC AID RECEIVED: *Total* $93.5 million (1977 estimate). *US only*–about $4 million disbursed in 1977.

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and its specialized agencies, Organization of African Unity (OAU), Commonwealth of Nations, associate member of European Community (EC), World Bank, African Development Bank.



OFFICIAL NAME: Republic of Malawi

MALAWI - Developments in Programs for Handicapped People

Malawi, located in southeastern Africa, is bordered by Tanzania, Mozambique and Zambia. It was formerly a British Protectorate known as Nyasaland. Beginning in 1953, Nyasaland was joined with northern and southern Rhodesia. By 1964, Nyasaland became fully independent as Malawi and two years later reached Republic status.

The government is a modified version of the British system. The President is selected by the Malawi Congress Party officials and tribal chiefs every five years. There is a unicameral national assembly with 60 elected members and 18 members appointed by the President. This country has two judicial systems, the majesterial courts led by a three-member Supreme Court and the traditional courts based on a local court system.

Except for limestone, Malawi has no significant exploitable mineral resources. The economy is mainly agricultural, with about 85 percent of the population engaged in this area. There is also some light manufacturing which accounts for 20 percent of Malawi's gross domestic product (GDP). The capital city is Lilongwe with a population of 102,924 and the largest city is Blantyre with 228,520.

A synopsis of the vocational rehabilitation in Malawi by G.P. Mchiela (1975) of the Malawi Council for the Handicapped is presented below:

1. Extent of the Problems of Disability

> "There are no reliable figures available on the number of disabled people in Malawi. A country-wide count has never been attempted as this would cost a great deal of money, staff and effort. In spite of this, voluntary registration of the handicapped undertaken by the Malawi Council for the Handicapped in order to assess the magnitude of the problem of disability has provided a norm for the whole country. It is, therefore, assumed

that out of a population estimated at 4.5 million, nine percent are disabled due to polio, blindness, leprosy, deafness, mental disorder, tuberculosis, industrial and motor accidents. This means that there are about 400,000 people requiring vocational rehabilitation services in the country.

2. Existing Vocational Rehabilitation Services for the Physically and Mentally Disabled

Resettlement in Agricultural Projects

The main emphasis of vocational rehabilitation in a developing country like Malawi, with an agricultural economy, must be on agricultural rehabilitation. For this reason, the resettlement of blind farmers in the agricultural plan is progressing well in Malawi.

The program which started with two blind men in 1969, with the assistance of the Royal Commonwealth Society for the Blind (RCSB), now has a total of 52 blind farmers resettled successfully in five different agricultural projects. In all, the blind farmers, like their sighted counterparts, are encouraged not only to grow maize for their food, but also to grow cash crops such as cotton, tobacco and groundnuts.

Prior to resettling, the blind people undergo a six-moth training course in agriculture at a government vocational training center for the blind.

Weaving Project

Not all disabled people can be absorbed into agricultural resettlement; age, physique and temperament may make this impossible. It is for this reason that the Projects Officer for the Royal Commonwealth Society for the Blind in Malawi initiated a pilot weaving project in October 1971, which has since been taken over by the Malawi Council for the Handicapped (RCSB relinquished its responsibilities in Malawi in April 1975).

The project utilizes most material that can be obtained locally. Looms and spinning wheels are easy to construct and simple for a disabled person to operate. Cotton grown in Malawi is used for spinning, while the dyeing of the yarn is done with the assistance of the local textile factory.

After a thorough evaluation of the pilot project, it was found to be economically viable. Malawi Council for the Handicapped then appreoached Christoffel Blindermission in West Germany for funds to expand. The organization hired a weaving expert and made sufficient funds available for the building of a weaving center. Eighty percent of the staff are disabled and include blind, crippled, deaf and other handicapped people. Different designs of carpets, table mats and ladies' bags are the products of this project.

The project is not intended as a sheltered workshop, but as a commercial enterprise which will be self-supporting and profit-making so that it contributes to the economic growth of the country, while at the same time providing opportunity for some less fortunate members of society to earn their own living.

3. Services for Special Groups

Occupational Therapy Program

Most of the convalescent patients participate in the occupational therapy activities at the mental hospital situated in Zomba. The emphasis is on agriculture, although some patients do carpentry work, basket-making and carpet weaving. Some are involved in maintenance work in distribution of food and in laundry and clerical work.

Education for the Deaf

Since 1968, Malawi has had its own program for the deaf at Montfort Teacher Training College near Limbe. The program includes training teachers of the deaf, a school for deaf children and an audiology testing centers for all patients with hearing problems.

4. Coordination of Services

The need for a coordinated service for the disabled was recognized by the government of Malawi, hence the establishment of the Malawi Council for the Handicapped as a statutory body, to act as an agent of the government in promoting the welfare of the handicapped. The Council's function include:

- advising the government in all matters affecting the welfare, education, training and employment of the handicapped and on all matters relating to the prevention of any type of handicap;
- promoting public interest in the welfare and care of the handicapped;
- administering vocational and rehabilitation services for the handicapped;
- raising and receiving funds and donations which it may apply for the welfare of the handicapped.

. Staff Training

Training of staff is mainly on-the-job and, when available, staff also attend seminars and workshops within or outside the country.

6. Problems Related to Management of Rehabilitation Centers

The problems related to management of rehabilitation centers are mainly:

- lack of adequate and professionally trained local staff to manage rehabilitation centers;
- inadequacy of financial resources to develop and expand rehabilitation programs.

7. Future Plans

The Council appreciates that the need for rehabilitation services is tremendous. It is realized, however, that for a country which is predominantly agricultural, such as Malawi, the major rehabilitation outlet for disabled people must also be agricultural. Agricultural training would equip disabled people to take their place in the rural way of life to which most of the Malawian population live and are accustomed. Plans for new projects are, therefore, being developed on these lines, but they can only be realized if additional funds can be made available.

Legislation for Handicapped Persons

Malawi currently has written into law a special chapter known as the "Handicapped Persons Act" (Chapter 33:02). This model legislation was enacted in October 1972 and its purposes are quoted as follows:

> This is an "Act to make provision for the improvement of the care, assistance and education of handicapped persons in Malawi, to establish a Council for the Handicapped, to provide for the voluntary registration of handicapped persons, to provide for the registration, direction, control and regulation of associations whose objects include the welfare of the handicapped and further to provide for matters incidental thereto and connected therewith."

In summary, Malawi has formally recognized the needs of handicapped persons by enacting a law to assist the disabled. In addition, their rehabilitation plans provide a positive example of creating employment for handicapped people.

MALAWI - People and Resources Related to Rehabilitation Developments

The Director
Malawi Council for the
Handicapped
P.O. Box 5700, Limbe
Malawi, Central Africa

Permanent Mission of the Republic
of Malawi to the United Nations
777 Third Avenue
New York, New York 10017

His Excellency
Jacob T.X. Muwamba
Ambassador of Malawi
1400-20th Street, N.W.
Washington, D. C. 20036

Mauritius

PROFILE

People

POPULATION: 900,000 (1976 est.). ANNUAL GROWTH RATE: 1.7% (1975). DENSITY: 1,238 per sq. mi. (400 per sq. km.). ETHNIC GROUPS: Indo-Mauritians 67%, Creoles 28%, Sino-Mauritians 3%, Franco-Mauritians 2%. RELIGIONS: Hindu, Islamic, Roman Catholic, Protestant. LANGUAGES: English, French, Creole, Hindi, Urdu. LITERACY: 61%. LIFE EXPECTANCY: 67 yrs.

Geography

AREA: 720 sq. mi. (1,865 sq. km.), about the size of R.I. CAPITAL: Port Louis (pop. 138,161). OTHER CITIES: Beau Bassin and Rose Hill (81,353), Curepipe (53,068), Vacoas and Phoenix (49,354), Quatre Bornes (52,134).

Government

TYPE: Parliamentary democracy under a constitutional monarch, Queen Elizabeth II. INDEPENDENCE: Mar. 12, 1968. DATE OF CONSTITUTION: Mar. 12, 1968.

BRANCHES: *Executive*–Queen (Chief of State); Prime Minister (Head of Government). *Legislative*–unicameral Legislative Assembly. *Judicial*–Supreme Court.

POLITICAL PARTIES: 21 parties ran candidates in the elections of Dec. 1976. Major parties are: Independence Party (an alliance between the Labor Party and the Muslim Committee of Action), Mauritian Social Democratic Party, Mauritian Militant Movement, Mauritian Democratic Union, Independent Forward Bloc.

SUFFRAGE: Universal over 18. ADMINISTRATIVE SUBDIVISIONS: 9.

FLAG: Four horizontal stripes–red, blue, yellow, and green.

Economy

GNP: $449 million (1975). AVERAGE ANNUAL GROWTH RATE: 10% (1971-75). PER CAPITA INCOME: $500 (est.). PER CAPITA GROWTH RATE: 4.6%.

AGRICULTURE: *Land* 60%. *Labor* 28.9%. *Productions*–sugar, sugar derivatives, tea, tobacco.

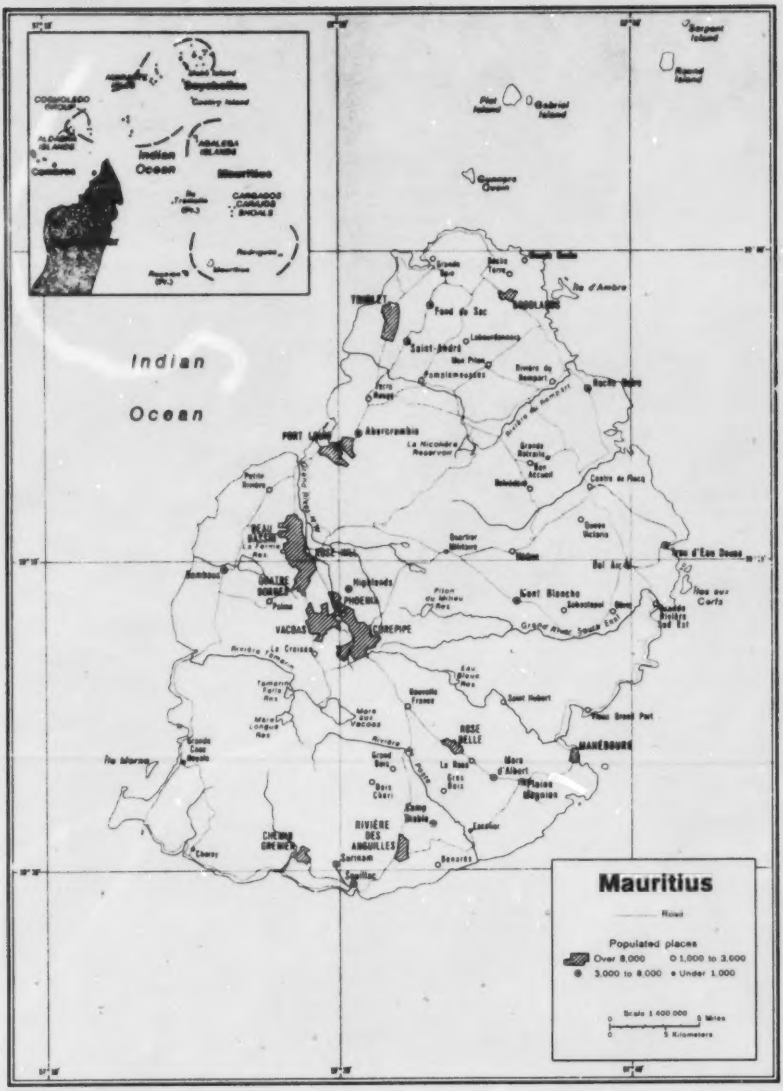
INDUSTRY: *Labor* 28%. *Products*–sugar production, consumer goods, labor-intensive goods for export.

TRADE (1976 est.): *Exports* $310 million. *Partners*–UK, US, Canada. *Imports*–$306 million. *Partners*–UK, South Africa, Australia.

OFFICIAL EXCHANGE RATE: 6.6 rupees=US$1.

ECONOMIC AID RECEIVED: *Total*–$29.7 million. Donors include EEC, UN, other multilateral and bilateral programs. *US only*–$1.1 million since 1968 ($48,000 in 1976).

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and most of its specialized agencies; the Commonwealth; the Organization of African Unity; the African, Malagasy, and Mauritian Common Organization (OCAM). Mauritius is an associate member of the European Economic Community.



OFFICIAL NAME: Mauritius

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MAURITIUS - Developments in Programs for Handicapped People

Mauritius is an island approximately 500 miles east of Madagascar in the Indian Ocean. The island is volcanic in origin and ringed almost entirely by coral reef. The capital city is Port Louis with a population of 138,161. The chief of state is Queen Elizabeth II who is represented by a Governor General. The government is parliamentary and a council of ministers directs and controls the government. The Prime Minister is the leader of the majority party in the legislature as well as the head of government. Mauritian laws are based on the French legal system with some British methods also utilized. There is a Supreme Court consisting of a Chief Justice and five judges.

Sugar is the major industry and 90 percent of the arable land is planted in this crop. Of late, other crops are being developed such as tea, tobacco and rice, but the main export is sugar.

The eradication of malaria during World War II precipitated a population explosion and population density is among the highest in the world. The most serious problems in Maúritius are over population and unemployment.

Health and Rehabilitation

It is noteworthy that this island population of 900,000 has been free of polio epidemics for the past ten years. The Health Ministry established medical clinics throughout all regions of the country beginning in 1967 and successfully immunized all newborn and young children. It continues to provide intensive follow-up care and public education. Similar results have also been achieved with other childhood diseases. The handicapped persons receiving custodial care and rehabilitation services are persons

in their twenties and early thirties. The youth in Mauritius are affected by blindness, deafness, mental retardation, mental illness and physical deformities from birth injuries, cerebral palsy, spina bifida and other congenital deformities. These results achieved in Mauritius are good examples of the benefits of a comprehensive health and medical care system for other developing countries.

There is need, however, for more of a productive system for meeting rehabilitation requirements of persons who are disabled, including youth as well as older persons.

The following are the known service programs in the capital city, along with the numbers enrolled. The school for handicapped children has 35 mentally retarded persons in this facility. The city hospital has an institution for seriously handicapped women with a census of 30 persons and an institution for men. Fifteen males were receiving services at the latter facility. There were also 35 deaf children in a private Catholic school and 40 blind children in other special schools. An unknown number of children, with a variety of "minor impairments," attend regular elementary schools if they are able to get to these schools, since buses are not provided. Special Education, as it is known in the United States, is non-existent in this country.

The following is a partial list of special facilities in Mauritius:

Hospice Pere Laval - Port Louis

This is a home for severely disabled women. The residents in this program include the severely deformed, birth injured, brain damaged, severely retarded, childhood polio paralytics and all require nursing care. All residents are here on a permanent basis and some engage in handicrafts, needlework and the folding of cigarette cartons.

Society for the Welfare of Cripples - Port Louis

This program serves severely disabled males in their late twenties and early thirties. These clients, who have post-polio paraplegia and cerebral palsy, are maintained in a hostel attached to the public hospital. The Society has acquired space for a sheltered workshop, but needs items such as work benches, tools and other basic equipment.

Association of Parents with Handicapped Children - Vacoas

This is a well-organized school for mentally retarded children with parents serving as teachers and as assistants. The Association estimates that there are more than 500 mentally retarded children on the island in need of special care.

Cheshire Home for the Invalid - Floreal

This home provides a permanent home for 30 seriously disabled, abandoned children.

School for Deaf Children - Beau Basin

This is a parent and church-sponsored program for deaf children which is in dire need of teaching materials.

In general, the following issues need to be resolved in order that handicapped children and adults receive necessary services;

1. There is a need for more statistical data showing the number of disabled and types of disabilities.
2. There is a need to survey all of the existing facilities and programs available to the disabled.
3. Experts are needed to assist with planning as well as the development of needed resources, both human and material, to better serve the handicapped, especially in terms of preparation for vocational rehabilitation.

MAURITIUS - People and Resources Related in Rehabilitation Developments

Ambassador
Embassy of Mauritius
4301 Connecticut Avenue, N.W.
Washington, D. C. 20008

Ambassador of the United States
of America
Port Louis, Mauritius

Cultural Affairs Officer
Embassy of the United States of
America
Anglo Mauritius House
Port Louis, Mauritius

Director
Hospice Pere Laval
Home for Severely Disabled Women
Nicolax Road
Port Louis, Mauritius

Miss Esclapon
Society for the Deaf
Port Louis, Mauritius

Mr. Frank Ishelle
Institute of Education
Port Louis, Mauritius

Mrs. Victor Latimer, Chairperson
Society for the Welfare of
Cripples
Grand Baie, Mauritius

Mr. B. Jomadar
Social Welfare Commissioner
Edith Caval Street
Port Louis, Mauritius

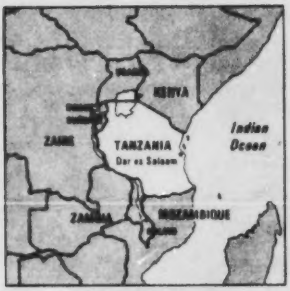
Ms. Nancy Piat, Director
Association of Parents of
Handicapped Children
37 St. Paul Road
Vacoas, Mauritius

Mr. Frank Richard
Director, Ministry of Education
Port Louis, Mauritius

Mrs. E. Smith, Secretary
Cheshire Home for Invalids
Floreal, Mauritius

Ms. Toolsey and Mrs. Verny
School for Deaf Children
Pope Hennessy Street
Beau Basin, Mauritius

Dr. Wong, Chief Medical Officer
Ministry of Health
Port Louis, Mauritius



Tanzania

PROFILE

People

POPULATION: *Mainland*–16 million. *Zanzibar*–400,000 (1975 est.). ANNUAL GROWTH RATE: 2.7%. ETHNIC GROUPS: Over 130 groups. RELIGIONS: Christian 35%, Muslim 35%, animist 30%. LANGUAGES: Swahili, English. EDUCATION: *Attendance*–30%. *Literacy*–60%. HEALTH: *Infant mortality rate*–160 per 1,000 (US= 17/1,000). *Life expectancy*–45 yrs. WORK FORCE: *Agriculture*–90%. *Industry and commerce*–10%.

Geography

AREA: *Mainland*–942,623 sq. km. (363,950 sq. mi.); slightly smaller than N. Mex. and Tex. combined. *Zanzibar*–1,658 sq. km. (640 sq. mi.). CITIES: *Capital*–Dar es Salaam (pop. 700,000); Dodoma (future capital–35,000), Zanzibar Town (80,000), Mwzaza (35,000). TERRAIN: Varied. CLIMATE: Tropical to arid to temperate.

Government

TYPE: Republic. INDEPENDENCE: Tanganyika 1961, Zanzibar 1963, union formed 1964. CONSTITUTION: 1965.

BRANCHES: *Executive*–President (Chief of State, Commander in Chief), First Vice President (also Chairman of Zanzibar's Revolutionary Council), Prime Minister. *Legislative*–unicameral National Assembly. *Judicial mainland*–High Court, District Courts, Primary Courts; *Zanzibar*–People's Courts (no appeal).

POLITICAL PARTIES: *Mainland*–Chama Cha Mapinduzi (CCM–Revolutionary Party). *Zanzibar*–Afro-Shirazi Party (ASP). SUFFRAGE: Universal over 18. ADMINISTRATIVE SUBDIVISIONS: 25 Regions (20 on mainland, 5 on Zanzibar). DEFENSE: 6% of GDP (1977 est.).

FLAG: Diagonal black band edged with yellow, from lower left to upper right; field at upper left is green, at lower right, blue.

Economy

GDP: $3 billion (1977 est.). ANNUAL GROWTH RATE: 5.9% (constant 1966 prices). PER CAPITA INCOME: $200.

NATURAL RESOURCES: Hydroelectric potential, unexploited iron and coal, dwindling gemstone and gold mines, natural gas.

AGRICULTURE: *Products*–sugar, maize, rice, wheat, cotton, coffee, sisal, cashew nuts, tea, tobacco, pyrethrum, cloves. *Percentage of GDP*–40.

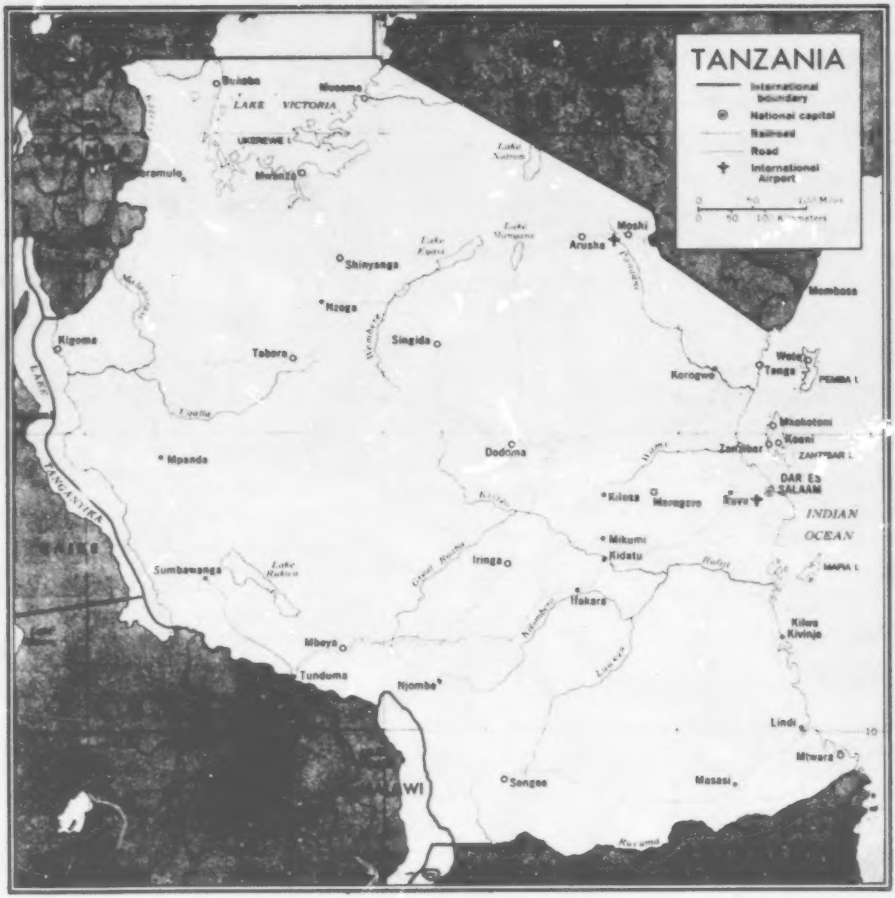
INDUSTRY: *Types*–textile, agricultural processing, light manufacturing, oil refining, cement, fertilizer. *Percentage of GDP*–10.

TRADE (1977): *Exports*–$574 million: coffee, cotton, sisal, diamonds, cloves, cashews. *Partners*–UK, India, Zambia, China. *Imports*–$784 million: manufactured goods, textiles, machinery and transport equipment, foodstuffs. *Partners*–UK, FRG, China, US.

OFFICIAL EXCHANGE RATE: 8.29 Tanzanian shillings=US$1.

US ECONOMIC AID RECEIVED: $175 million (since 1960).

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN and several specialized agencies, EC, OAU, Commonwealth, Nonaligned Conference.



OFFICIAL NAME: United Republic of Tanzania

TANZANIA - Developments in Programs for Handicapped People

The United Republic of Tanzania is located on the east coast of Africa. A member of the Commonwealth of Nations, this country is bounded on the north by Kenya and Uganda, on the south by Mozambique, Malawi and Zambia, and on the east by the Indian Ocean. Tanzania was formerly a British trusteeship territory known as Tanganyika and includes Zanzibar and other islands in the Indian Ocean.

There are an estimated 16 million people on the mainland and 400,000 in Zanzibar. Of its total area, more than 59,547 squre kilometers (23,000 square miles) consist of inland water and this includes nearly half of Lakes Victoria and Tanganyika.

This is mainly a rural country with roughly ten percent living in large cities. Dar es Salaam is the capital and most populous city. Dodoma has been designated to be the new capital in about ten years.

Most of the arable land is in the northern and southern highlands along the coast and in the western lake region. Due to tsetse fly infestation and lack of water, almost two-thirds of the country has virtually no agriculture. Yet agriculture is vital to the economy, with more than 30 percent of the people engaged in farming, while agricultural products account for some 90 percent of exports. Tanzania is the largest producer in the world of sisal and cloves. This country is also rich in diamonds, gold, mica, coal and other minerals.

The current government was formed in 1964 with a union between Tanganyika and Zanzibar. Executive authority is placed in the President who is elected for a five-year term by universal suffrage. This is a single-party state with a strong central executive. There is a unicameral

national assembly of 230 members, 96 of whom are elected from the mainland and ten from Zanzibar. In addition, there is a three-tiered judicial system combining tribal, Islamic and British common law.

Observations of the Scope of the Problem

The rehabilitation services for handicapped persons can best be described as in the initial stages of development for a new country. There is an appreciation of needs and goals, but the size and variety of problems to be overcome are staggering. For example, the Social Welfare staff has, at this time, identified only 18,000 handicapped needing services out of a population of 16 million. The Social Welfare Agency is currently providing services to about 500 persons. The major problem, as has often been found in other developing nations, is a lack of resources--both financial and competent technical staff.

The Ministry of Social Welfare and Labor has the major responsibility for services to handicapped adults. They administer subsistence grants and training programs and provide some medical and restorative services in cooperation with health service programs.

The Tanzania program was described by the Commissioner of Social Welfare. He characterized the program as the best a new developing country could accomplish in the few short years of its independence. He noted that it has had to depend heavily on outside assistance from international charitable and religious organizations and some assistance from the United Nations and the International Labor Organization.

The programs operate on a limited national budget. While the government has identified 18,000 handicapped persons as feasible for training, it acknowledged that it would be many years under present circumstances before a significant number of these people will be served.

At this time, a backlog continues to build. The total population of handicapped people, including children, may be safely estimated at 1.5 million of a 16 million population. Obviously, begging as a means of survival is still quite prevalent despite government efforts to curtail this problem.

The causes of disability in Tanzania are similar as in other African countries, namely, early childhood diseases, polio, fevers, meningitis, parasitic infections and accidents of many kinds to children and adults. Blindness and deafness are prevalent in this nation.

Other resources serving the handicapped include some limited general medical care in public clinics, but often too late to remedy permanent impairments. There are two schools here for blind boys and one for blind girls. The government subsidizes two schools for deaf children. This work is done by a missionary volunteer group sanctioned by the government authority. A school for physically handicapped children is currently under development.

The Commissioner indicated that his greatest need is for technical expertise and qualified staff to work with handicapped people at all levels. There is also a need to overcome superstitions about disabilities and public education for parents and the community to encourage a more favorable socialization process for handicapped children. They are all too often hidden away and/or ridiculed by their families, making even more difficult the process of rehabilitation or habilitation.

It should also be noted that Tanzania attracts a large number of volunteers to work in many social service fields. For example, projects are financed and developed in agriculture, community planning and

development, health services and educational projects. The government attempts to coordinate and control these activities to insure their usefulness to the country. Donor countries include Sweden and other Scandinavian countries, Canada, Netherlands, Ireland, West Germany, China and Russia. The United States Peace Corps does not have personnel in Tanzania.

Staff Development Needs

The Ministry of Social Welfare and Labor uses every opportunity to send staff out of the country for seminars, short-term and long-term training courses. Three of the present staff have had Council of International Programs (C.I.P.) training, with one being in a rehabilitation setting. Two have attended International Labor Organization (ILO) rehabilitation seminars. Another was trained by the Cheshire Foundation in London. The Commissioner was anxious to cooperate in opportunities for staff development, technical and consultative developmental services. He expressed an interest in Goodwill International reviewing the cooperative production workshop program. He is certain that university staff would welcome participation in information sharing and staff exchanges with counterpart university centers in the United States emphasizing the development of special education and rehabilitation training programs.

Current Plans and Programs

The development of service programs for the handicapped must fit into the broad socio-economic scheme of the country which is also at an early stage of development. The ultimate goals are to increase self-sufficiency of the handicapped person with trade training for competitive employment, self-employment or engagement as part of "cooperative production centers" now being developed thorughout the country.

The greatest promise for masses of handicapped people appear to be in agricultural pursuits. The rural training centers will stress development of knowledge and skills in poultry and egg production, vegetable gardening, growing of fruits, small animals for food (goats, rabbits, etc.). Along with carpentry-cabinet work, leather work, tailoring and dressmaking, these skills are useful and important in rural areas. Approximately 80 percent of Tanzanians live in rural areas and people are mainly engaged in agricultural pursuits.

The real hope for the future is in the next generation of youngsters who are now in a rapidly expanding school system. The year 1977 ushered in universal primary education for all children six to 12 years of age, including handicapped children who can get to the schools. The plan is what is called "mainstreaming" in the United States. For deaf and blind students, minimal training exists, since there is a lack of special equipment and well-trained special education teachers. There are plans to integrate these students into regular public schools when possible. In addition, a Braille printing plant is now preparing a text for primary students. There are three special schools for the blind and two for the deaf, all subsidized by the government. A Cheshire Home School is also under construction at Dodoma and expected to be in operation in 1979. The government will provide teachers and teaching materials to this school as it does for the other special schools.

For the adult disabled, Social Welfare officers are responsible for job placement in open industry or sheltered production centers. In addition, special efforts are underway to create better acceptance of handicapped workers throughout Tanzania.

Social Welfare officers coordinate their efforts through district welfare officers to locate counsel and refer handicapped persons for vocational training or other rehabilitation services. Social Welfare also cooperates with Health for medical services and the Ministry of Education for school attendance programs. To assist while clients are in training, Social Welfare provides subsistence costs.

Currently, planning for training and education programs for handicapped persons are geared to opportunities in the participant's home community. The few centers available for training or services must serve the entire nation. On completion of training, persons may be placed in regular industry, in self-employment with needed tools and equipment or in a "cooperative production center." At these centers (or workshops), there are contact systems with profit sharing by all workers. Current problems include the need for more program development and supervision of handicapped workers.

A Synopsis of Existing Institutions for Handicapped Persons in Tanzania

The Rehabilitation Center at Muhimbili Hospital, Dar es Salaam

Originally founded in 1961, the Rehabilitation Center is now situated in a recently completed, purpose-built, single story building within the grounds of Muhimbili Hospital. The Center is an entirely voluntary organization administered by a committee made up of people interested in the problems of the disabled and is dependent upon public contributions to meet its expenses.

At present, only children paralyzed by poliomyelitis and child and adult amputees are eligible for admission. The function of the Center is to provide accommodation and treatment for patients living in upcountry areas where there are no facilities for reconstructive surgery

or rehabilitation. The Center works in cooperation with the attached Red Cross Appliance Workshop in supplying patients with surgical appliances, crutches, orthopedic shoes, leg braces, artificial limbs, etc.

Children paralyzed through polio are accepted from the age of two years upwards. Medical treatment is under the supervision of a consultant surgeon from Muhimbili Hospital. It is here that children are sent if they require corrective surgery for contractures, returning to the Center afterwards for physiotherapy and hydrotherapy, which is organized jointly between the Center's trained staff and the staff of the Muhimbili Hospital Physiotherapy Department. The majority of children admitted have paralysis of one or both legs and the main volume of the work involves enabling them to walk using leg braces and sticks. In addition, the Center has a wide program of play groups, outings and schooling, geared o children of different ages.

The following are excerpts from a paper by E. M. Mshana(1975) which provides an excellent description of the current vocational rehabilitation programs.

> "In 1972, the government, helped by ILO, started a national vocational rehabilitation program for the disabled. The first step was the construction of a pilot vocational rehabilitation center at Yombo, Dar es Salaam, with a capacity for 100 trainees.
>
> Yombo Vocational Rehabilitation Center
>
> At the present time, Yombo is the only vocational rehabilitation center. Disabled candidates come from all over the country through the help and coordinating process of regional welfare officers in the 20 regions of Tanzania.
>
> The trades taught at the Center are rurally oriented and include carpentry, tailoring, market gardening, small animal husbandry, handicrafts and blacksmithing. Besides the counseling which is done by a welfare officer assigned to the center, there is no need for vocational guidance since there are not so many professions

that could cause confusion in the process of job choice among disabled trainees. Vocational assessment is done by observing each trainee perform at each of the Center's trades for three days. Vocational training takes one year, generally, but more time may be taken for those who are slow learners. A team approach is utilized in solving problems that confront each individual trainee.

The "resettlement" process was described in the following manner: Tanzanian development policy is to mobilize people to work in common. You have probably heard of Ujamaa villages where people live and work together to step up progress.

This is why the resettlement of trainees graduating from Yombo has been so designed as to follow this national policy line. Those who graduated from Yombo Center have been grouped into three production workshops which operate as cooperative workshops. The aim is to support them initially and allow them to be self-supporting when their economic condition allows.

At present, the resettlement scheme (plan) includes the creation of four production workshops built at Tanga with 29 disabled persons, Mwanza with 15 disabled, Mboya with 15 disabled and Dar es Salaam with eight disabled. All of these workshops have tailoring as the principle trade, except Tanga which includes carpentry.

Nevertheless, other forms of resettlement have not been ignored. These are provided for those who could not join their companions due to family problems and they are provided with trade tools to be and resettle with their families. In the future, we hope to resettle some of the Yombo graduates in Ujamaa villages where they will perform their trades as their village share of communal work.

The existing rehabilitation facilities for special groups of disabled are described as follows:

A. <u>The Blind</u>

As is universally known, the blind all over the world have aroused more of a response to their need for help in the normal person's mind than for any other type of disabled. This has been true even in Tanzania. The blind have various rehabilitation services, such as:

1. Ten primary schools, which are under the Ministry of Education; they are integrated schools, three residual primary schools for the blind only, four integrated secondary schools and one teacher-training center which is also an integrated school.

2. Under the Social Welfare Division, the blind have two vocational training centers for males and plans are under way for the construction of a vocational training center for blind women and girls. More emphasis has been recently placed on agricultural training in both centers. Trainees graduating from these usually either go home to rejoin their relatives or to one of the two village settlements, i.e. Mwange in Massasi or Urambo in Tabora. These villages are run on the political basis of the country with the exception that they are financed by the government in their initial stage.

   The Royal Commonwealth Society for the Blind has been helping a great deal in developing rehabilitation services in the country since 1956.

B. The Deaf

This is one of the groups of disabled persons who rehabilitation has not yet been satisfactorily and systematically undertaken. There is one theoretical school for the deaf run by a Roman Catholic Mission at Tabora. This school covers the seven years of primary education in ten years.

The only other rehabilitation facility for the deaf is a nursery school built by the Tanzanian Society for the Deaf in 1974. The Society started in 1970 as a voluntary agency with the aim of furthering rehabilitation services for the deaf.

C. The Mentally Retarded

This group of handicapped persons has neither been surveyed nor made the object of rehabilitation services. The main reason is that many not too serious cases get absorbed in agricultural activities since these activities do not require much brain work. However, as industrialization steps up, more cases are bound to need special attention.

D. The Mentally Handicapped

The Ministry of Health has five units for the medical rehabilitation of the mentally handicapped. In addition to these hospitals, there are two so-called "half-way villages" where the recovered mental patients stay and slowly become integrated into normal life again.

E. Leprosy Patients

Leprosy patients have attracted the attention of service-givers from very early times. There are about 20 leprosaria catering to about 8,000 patients in the country. These leprosaria usually include resettlements of cured patients who cannot return to their homes either due to shame or due to rejection by their families because of their deformities.

Problems

Two factors present problems in the evolution of the rehabilitation program:

(a) The program is new and hence one meets with difficulties when confronted with services that need coordination with other agencies which are not so familiar with rehabilitation; and

(b) the world-wide economic problem's pinch is greatly felt in this still-too-young program.

Future Plans

The Division of Social Welfare has the following plans in mind regarding vocational rehabilitation:

(a) The setting up of rural vocational rehabilitation centers in the 20 regions of the country;

(b) a mobile rehabilitation unit that will carry rehabilitation services to homebound, disabled persons;

(c) spreading of production workshops for the disabled;

(d) systematization of coordination of rehabilitation services in the country;

(e) systematization of placement services for the disabled; and

(f) the expansion of administration directly responsible for vocational rehabilitation."

CONCLUSIONS

The problems and future plans listed by the Mshana paper summarize the needs very well. In addition, the government of Tanzania should consider appropriating more funds for supplies and equipment for rehabilitation centers, prosthetic appliances and physical/medical therapies. There is also a need for trained, skilled personnel, and for in-service training and long-term professional training for counselors, social workers, physical therapists and special teachers if a significant percentage of the more than one million handicapped citizens of Tanzania are to have a better life and contribute to the growth of the country.

TANZANIA - People and Resources Related to Rehabilitation Developments

Ambassador
Embassy of Tanzania
2139 R Street, N.W.
Washington, D. C. 20008

Ambassador of the United States
Embassy of the U.S.A.
Dar es Salaam, Tanzania

Mr. George Kinser, Director
U.S. International Communications Agency
Dar es Salaam, Tanzania

Mr. Kalim Yusifali
Cultural Affairs Assistant, USIA
Dar es Salaam, Tanzania

Mr. S.A. Hasson
Commissioner, Social Welfare
Ministry of Labor and Social Welfare
Government of Tanzania
Dar es Salaam, Tanzania

Mr. B. Mlokozi
Permanent Secretary
Ministry of Labor and Social Welfare
Government of Tanzania
Dar es Salaam, Tanzania

Mrs. B.H. Rashid, R.N, Director
Muhimbili Hospital
Rehabilitation Center
Dar es Salaam, Tanzania

Mr. Simon L. Jandwa
Social Welfare Officer (Rehab)
Ministry of Labor and Social Welfare - P.O. Box 1949
Dar es Salaam, Tanzania

Mr. Jweli Mgoga
Statistical Analyst
Ministry of Labor and Social Welfare
Dar es Salaam, Tanzania

Mr. N.E. Lema, Principal
YMCA Vocational Training Center
Dar es Salaam, Tanzania

Professor G.R.V. Mwari, Dean
The Faculty of Arts and Social Sciences
University of Dar es Salaam
Dar es Salaam, Tanzania

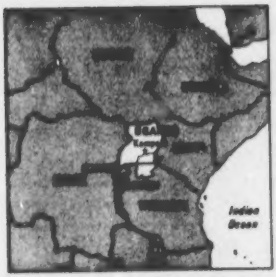
Mrs. Ann Moriyama
Honorary Secretary
Tanzania Society for the Deaf
P.O. Box 4806
Dar es Salaam, Tanzania

Mr. Benedict Mutakyama
Principal
Yombo Rehabilitation Center
Dar es Salaam, Tanzania

Captain M. Mkuzi, Director
Salvation Army School for Crippled Youth
Dar es Salaam, Tanzania

Mr. V. M. Choma, Head
School Program for Handicapped Pupils
P.O. Box 9121
Ministry of Education
Dar es Salaam, Tanzania

Mr. J.R. Ezekrel, Director
Primary Education
Ministry of National Education
P.O. Box 1921
Dar es Salaam, Tanzania



Uganda

PROFILE

People

POPULATION: 11.9 million (1976 est.). ANNUAL GROWTH RATE: 3.3%. DENSITY: 127 per sq. mi. (49 per sq. km.). ETHNIC GROUPS: Bantu, Nilotic, Nilo-Hamitic, Sudanic. RELIGIONS: More than 50% Christian, 10% Muslim, animist. LANGUAGES: English (official), Swahili (national), Luganda.

Geography

AREA: 91,076 sq. mi. (235,885 sq. km.); almost the size of Oregon. CAPITAL: Kampala.

Government

TYPE: Republic (military). INDEPENDENCE: Oct. 9, 1962. CONSTITUTION: Suspended.

BRANCHES: *Executive*–President. *Legislative*–State Supreme Council and Cabinet advise President. *Judicial*–High Court.

POLITICAL PARTIES: None. SUFFRAGE: None. POLITICAL SUBDIVISIONS: 10 Provinces, 26 Districts.

DEFENSE SPENDING: 3.6% of GDP (est.).

FLAG: Six horizontal stripes–black, yellow, red, black, yellow, red–with national emblem, the crested crane, in a central white circle. Black symbolizes Africa, yellow represents sunshine, red denotes brotherhood.

Economy

GDP: $2.8 billion (1976). ANNUAL GROWTH RATE (real): negative. PER CAPITA INCOME: $240. PER CAPITA GROWTH RATE (real): negative. AVERAGE ANNUAL RATE OF INFLATION (last 5 yrs.): 50%.

AGRICULTURE: *Land* 30%. *Labor* 90%. *Products*–coffee, tea, cotton.

INDUSTRY: *Labor* 4%. *Products*–processed agricultural goods, copper, cement, shoes, fertilizer, steel, beverages.

NATURAL RESOURCES: Copper, miscellaneous minerals.

TRADE (1976): *Exports*–$361 million ($120 million to US): coffee, cotton, tea, copper. *Partners*–US, UK, France, Italy, Japan, FRG. *Imports*–$160 million ($6 million from US): petroleum products, machinery, transportation equipment. *Partners*–Kenya, UK, FRG, Japan, US, Italy.

EXCHANGE RATE (1978): 8.26 Uganda shillings=US$1.

MEMBERSHIP IN INTERNATIONAL ORGANIZATIONS: UN, British Commonwealth, Organization of African Unity (OAU), INTELSAT.

OFFICIAL NAME: Republic of Uganda

UGANDA - Developments in Programs for Handicapped People

Uganda lies next to the equator in east central Africa. It is bounded by Kenya, Tanzania, Rwanda, Zaire and Sudan. Water and swamp cover about 16,000 square miles of Uganda's total land area of 92,188 square miles.

The population of Uganda is predominantly rural; density is highest in agricultural areas, particularly south of Lake Kyoga.

Africans of four racial groups - Bantu, Nilotic, Nilo-Hamitic and Sudanic - constitute most of the population of Uganda. Of the four, the Bantu are most numerous and include the Baganda, the largest single ethnic group, with more than one million members. The Iteso is the second largest group, followed by the Bantankore and the Basoga.

Uganda has an Arab population of more than 3,000. About 73,000 refugees from Rwanda, 30,000 from Sudan and 34,000 from Zaire reside in the country whose total population was 12 million in 1978.

As of 1976, there were approximately 3,500 Europeans in Uganda, of whom the largest single group was British. This number has declined since then. The British community fell to approximately 400 following the breaking of relations between the United Kingdom and Uganda in 1976.

The Uganda government established a vocational rehabilitation plan in 1966, along with a National Disablement Advisory Council and District Disablement Advisory Committees. These voluntary bodies are appointed by the Minister of Culture and Community Development.

The following information was obtained from the Secretary of the National Disablement Advisory Council[1] and it provides a comprehensive view of rehabilitation programs and philosophy in Uganda.

[1] Undated mimeographed paper circa 1976, from the Secretary of the National Disablement Advisory Council, Uganda.

"Introduction

The guiding principle regarding disabled persons in Uganda has been that they have a right to life and work on terms and conditions similar to those of the able-bodied persons. In pursuance of this policy, the Uganda government, with the assistance from the International Labor Organization (ILO) and other individual countries, established a National Rehabilitation Plan in 1966 under the Ministry of Culture and Community Development to ensure full social and economic independence for disabled citizens. The Vocational Rehabilitation Services Section of the Ministry is charged with the welfare and rehabilitation of disabled persons in Uganda by preparing them to achieve social and economic independence.

Aims and Objectives

Vocational Rehabilitation in Uganda is primarily concerned with disabled men and women of working age who are able to make a substantial contribution to their own support and economic development of the country as a whole. Its aims and objectives are, therefore, to prepare disabled persons of working age to become producers or workers and taxpayers on the belief of "equal opportunity" for every citizen. The physically and mentally handicapped should have a right to the basic economic security compatible with the standard of living in this country just as any other citizen.

These aims and objectives are being achieved through vocational training of the disabled at the various rehabilitation centers and sheltered workshops established in Uganda."

Registration

One of the first tasks undertaken by the Rehabilitation Section in 1965 was to collect relevant data regarding the extent of the disabled

persons in the country covering such aspects as the type and degree of disabilities, age, sex, marital status, education and attitudes. The survey, which was conducted in 1965 and lasted for about ten weeks, revealed an estimated 300,000 disabled persons. This figure represented about 30 persons out of every 1,000 in Uganda (3%, obviously a low figure. World Health Organization and Rehabilitation International estimates would indicate 1.2 million disabled persons in Uganda). It was on the basis of this information that the Rehabilitation Section of the Ministry undertook the program to deal with the problems and potential opportunities facing their less fortunate citizens.

Vocational Rehabilitation Institutions

Currently, there are 15 rehabilitation institutions in operation designed to meet particular needs of the disabled. These include:

1. An Industrial Rehabilitation Center at Kireka, near Kampala.

   The Center was established in 1967 to prepare disabled persons for industrial work and self-employment. The training program at this Center ranges from very light to heavy industrial work and includes crafts of all types, metal work, tailoring, carpentry, silk-screen printing, handicrafts, office training and telephone operation. In addition to the vocational training, emphasis is placed on good time-keeping, perseverance, integrity, concentration, industrial discipline, conscientiousness and service to the Nation.

   Nearly 50 percent of the trainees at the Center live in Center dormitories which are provided and the rest live outside the Center in rented rooms to afford them the opportunity of mixing freely with members of society. The training is free and the government pays for all training requirements.

Placement of disabled persons who complete their training on the open labor market is undertaken by the Ministry of Labor through a Disablement Placement Officer assisted by the staff of the Ministry. Unlike other countries where employment of the disabled is enforced by law, employment of the disabled in Uganda is voluntary. It is gratifying that employers in this country have consistently been very cooperative in this respect and willingly offered disabled persons employment or jobs on merit. Financial and/or material assistance is extended to the trainees on completion of their courses in the form of resettlement assistance. This assistance varies according to the needs of the individual disabled persons, ranging from money to the provision of tools and equipment.

2. Rural Vocational Rehabilitation Centers

There are five residential rural vocational rehabilitation centers established at Ocoko in West Nile, Ogur in West Lango, Lwenza in Mengo, Ruti in Ankole and Bwama in South Kigezi Districts. The centers are designed to each disabled person's area of agriculture and to a variety of rural trades in order that rehabilitated clients may earn a living and support their families on the land and in an environment to which they are accustomed. The training at these settings places an emphasis on agriculture in addition to animal and poultry keeping, home-tailoring, leather work, rural crafts, simple carpentry, domestic work civics and literacy. On completion of training, which lasts one year, the disabled are resettled on land. Some financial assistance, tools, equipment and seeds are provided to get them started.

It is the plan of the Ministry to establish more rural vocational rehabilitation centers in each district of Uganda and also special centers for the mentally handicapped and those with leprosy.

3. Sheltered Workshops

Four special workshops have been established at Kireka, Jinja, Masaka and Mbale. These sheltered workshops are designed to train and employ severely disabled persons who, by nature of their disabilities, cannot compete for jobs on the open labor market, but are capable of undertaking a normal day's work at a standard rate of pay and under normal, but protected, industrial conditions.

The activities at these sheltered workshops include hand cloth-printing, umbrella assembly, manufacture of lorry and landrover canvas covers and other tarpaulins and raincoats.

Disabled persons employed at these workshops are governed by regulations pertaining to group employees and are renumerated accordingly as any able-bodied employees. Apart from earning wages, they contribute to the development of the nation as taxpayers. In addition, sales from finished products bring in government revenue in the form of appropriation-in-aid. This is yet another proof that, given the opportunity and facilities, disabled persons can become economically and socially self-supporting!

4. Disabled People's Resettlement Homes

Two resettlement homes have been established, one at Buyaga in Bugisu District in conjunction with Mbale Municipal Council and Bisu District Administration and this Ministry and one at Onyakedi in West Lango District, both designed to meet the needs of disabled beggars and those without homes.

The homes accommodate 40 families, each family living as a separate entity. The training offered is similar to that at rural vocational rehabilitation centers and includes agriculture, poultry-keeping, shoe-repairing and handicrafts. The children attend nearby schools for their education and some are assisted by the Ministry of Education with free places in these schools.

The homes have proven successful since those who survived by begging from their more fortunate family members now raise eggs, chickens, vegetables and sufficient foods for their families and sell the surplus. Arising from this experience, the Ministry plans, in collaboration with municipal and town councils in the country, to establish similar resettlement homes for beggars currently found in many towns.

5. Vocational Training and Day-Care Centers for Girls

A center at Mpumudde near Jinja was established to train literate, disabled and able-bodied girls to become nursery attendants and domestic workers. The center has space for 20 girls and the course lasts one year. Upon completion of the course, they are placed in employment.

6. Mobile Rehabilitation Unit

Owing to family commitments, not all married disabled women can be admitted to the various rehabilitation centers. For this category of females, the Ministry, with the assistance of OXFAM of England, established a mobile unit which is designed to meet the needs of these persons.

The unit consists of a well-equipped caravan manned by trained matrons who are capable of teaching disabled women and girls child care, home management, nutrition, first aid, literacy and citizenship. Lectures are arranged for two to three weeks at a community mall or administrative center in rural areas where disabled women and girls gather for a specified period to attend lectures and demonstrations. The unit then moves to another district to repeat the program. Should funds become available, there are plans to establish more mobile units.

7. Omulembe Rehabilitation Shop

As mentioned earlier, the sheltered workshops employ severely disabled persons to produce marketable goods. The training workshops also have the same objectives. In order that such goods or products are placed on the market for the public, a central shop called "Omulembe Rehabilitation Shop" was established in the center of Kampala, the capital, to market all products made by disabled persons at the sheltered and training workshops as well as goods made by homebound, disabled persons in their cottage industries.

8. Voluntary Organizations

Closely linked with the rehabilitation plan are the National Disablement Advisory Council and the District Advisory Committees which are voluntary bodies charged with the responsiblity of advising the Minister of Culture and Community Development on all aspects of the plan at national and district levels. These advisory bodies deal with matters such as registration, recruitment, training, resettlement (rehabilitation) of disabled persons as well as

planning, development and raising of funds on a voluntary basis to supplement government efforts financially. Members to these bodies are named by the Minister periodically.

In addition, the Rehabilitation Section works closely with other voluntary agencies which deal with specific disabilities and these include: The Uganda Foundation for the Blind, the Salvation Army, the Society for the Deaf, the Society for Spastics, the Cheshire Home and several leprosaria. Each of these agencies have their own separate programs designed to suit their specialty and competence and each receives an annual grant from the government to assist them in implementing their programs. In addition, the Ministry often loans staff to some of these organizations when the need arises.

At the international level, the National Disablement Advisory Council is an affiliated member of Rehabilitation International, New York and the British Council for Rehabilitation of the Disabled, London. In this way, the Rehabilitation Section, through these organizations is availed of a wealth of experiences in the field of rehabilitation activities all over the world and shares a number of programs of similar interests such as seminars, conferences and regular meetings.

9. Registration, recruitment, "resettlement" and follow-up of disabled persons are carried out by rehabilitation officers in the field assigned to districts for the purpose.

Since the Rehabilitation Plan started in 1966, 34,796 disabled persons have been registered and their names appear on the National Disabled Persons Register, 3,724 have been accepted for courses at

rehabilitation centers and workshops, 209 are currently being trained, 784 have been resettled[1] in paid employment with firms and government offices, 2,284 "resettled" on land, 246 placed in sheltered employment, 68 placed in self-employment and cottage industries and only 133 have dropped out for various reasons.

10. Future Plans

Depending on the availability of funds, it is the intention to embark on the following projects:

(a) At least one rural rehabilitation center in districts that have none.

(b) Construction of a multi-purpose sheltered workshop at Budaka in Bukedi District to employ disabled persons in the manufacture of furniture, leather goods, metal products, handicrafts, tailored goods and bamboo-crafts.

(c) One vocational rehabilitation center near Butabika for the mentally handicapped.

(d) Three resettlement homes for disabled beggars and the aged in Masaka, Busoga and Lango.

(e) Establishment of a delivery and collection unit to deliver production materials to rehabilitation centers and home workshops or cottage industries and collect finished products made from the same to places where they can be marketed.

(f) Extension of the raincoat workshop at Jinja.

(g) Construction of a new umbrella workshop capable of manufacturing various umbrella components and umbrellas as well.

[1]The word "Resettlement" is used in many African countries as synonymous with "Rehabilitation."

11. Conclusion

Looking at the above rehabilitation programs, it can be stated that Uganda has developed a number of workable approaches to rehabilitate disabled persons. In doing so, the government's policy has been and continues to be that of enlisting support from many sectors, including voluntary organizations.

UGANDA - People and Resources Related to Rehabilitation Developments

The Permanent Secretary
Attn: Principal Rehabilitation Officer
Ministry of Culture & Community Development
P.O. Box 7136
Kampala, Uganda
East Africa

Charge d'Affaires
Embassy of the Republic of Uganda
5909 16th Street, N.W.
Washington, D. C. 20011

Professor Dr. C. L. Ssali
Vice-Chairman
Uganda Society for the Deaf
P.O. Box 4347
Kampala, Uganda
East Africa

CHAPTER V

SUMMARY AND RECOMMENDATIONS

Summary of Project

This project has had the effect of increasing an interest in the needs and programs for handicapped people in selected African countries. It has stimulated an interchange of leaders and information concerning the development and promotion of rehabilitation programs by national and international agencies providing services to handicapped people in these developing countries. Significant progress has been made in obtaining information on rehabilitation program developments in these countries. We have established effective people-to-people relationships which are serving as the basis for further exchanges of information on progress and experience in the administration of physical and vocational rehabilitation services to handicapped people in both developing countries and countries that are fairly well advanced.

In addition, we have accomplished a significant review of rehabilitation activities in the African countries selected for this study and identified special disability problem groups and programs, as well as institutions providing vocational rehabilitation services. We have also organized a list of rehabilitation related agencies and leaders concerned with programs for handicapped people and other disadvantaged population groups. Much success has been achieved in the development of interchanges between specific organizations in the United States and African countries.

We believe that to share information based on a variety of experiences will help to improve approaches to rehabilitation services in the United States and in African countries. Many innovative methods of rehabilitation in selected countries have been noted during the project. This information is assembled in country-by-country reports that can be used for consultation, technical assistance, seminars, conferences and further research. Ultimately, it is hoped that more handicapped persons will benefit from this document and its findings and recommendations.

The African countries included in this study have been selected to provide a variety of characteristics, i.e. the people, an historical background, economic development, governmental structure and general social development. Extensive information has been obtained through visits and correspondence with government and private organizations in the following countries: Togo and Senegal, formerly French colonies; Nigeria, Ghana, Sierra Leone, The Gambia, Kenya, Tanzania and Mauritius, all formerly British colonies. Liberia and Ethiopia are also included as countries with a long history of political independence.

The nations studied are largely rural and the majority of the populations depend on agriculture for home consumption and export. Mining and manufacturing are important export industries. With the possible exception of Nigeria and Kenya, the gross national product value is low. Consequently, these developing countries have faced and will continue to face serious fiscal problems, high rates of unemployment and political and social problems. Much in-country effort now is directed at improving general health conditions, public education, social and economic developments. These efforts have been enhanced with the help of international

agencies such as the United Nations, the International Labor Organization, the United Nations European Service Corps, Rehabilitation Interrational and others.

Reports on individual countries have been provided for The Gambia, Ghana, Liberia, Nigeria, Senegal, Sierra Leone and Togo, with the emphasis of this initial project on these West African nations. To supplement this resource document, information has been provided on the East African countries of Ethiopia, Kenya, Malawi, Mauritius, Tanzania and Uganda.

Rehabilitation programs observed in some of these countries have the following characteristics:

1. The development of services for handicapped people by the relatively new government in African countries receive much human concern, but a low priority in public expenditure. Some religious superstition about disability continues, while extended family responsibility for handicapped members is recognized.
2. Rehabilitation services traditionally provided by private organizations begun during colonial periods now generally receive some governmental supplement to keep the programs in operation. Sierra Leone and Liberia are notable in this respect.
3. Several countries are developing national vocational rehabilitation programs serving young and physically impaired adults as part of the Ministries of Social Development, Social Welfare, etc. Ghana and Nigeria have national programs underway.
4. The handicapped people receiving rehabilitation services generally are severely limited functionally. They are often unable to walk due to paralysis or deformities in the lower limbs and get about

in wheelchairs, crutches and braces and sometimes by crawling about on all fours. They usually have limited educational backgrounds.

5. The current training programs are principally in manual skills requiring good use of hands and arms. The clients often receive limited physical restoration service beyond the acute medical care given at the time of their illness or injury. Braces and crutches are used in ambulation and artificial limbs are provided for some amputees, but unfortunately, prosthetics as well as technicians are in short supply in most of these countries.
6. The skills that are taught are the ones that should equip the client to work in his own business or be employed in a shop in a village or small community. These locations usually are in places in the country distant from large cities. Some of the skills observed include: leather work in shoemaking, tailoring for the manufacture of men's and women's clothing and woodwork, i.e. the manufacture of tables, chairs, chests, desks, beds, stools and various pieces of household furniture. Rural training centers are of special interest in Ghana, Tanzania and Kenya.
7. While there are two notable attempts at what we call "Mainstreaming" found in Senegal and The Gambia, special education for handicapped children and youth is minimal or non-existent. The needs are critical in areas such as technical know-how, trained personnel and equipment.
8. A more extensive system of special education is needed to serve the handicapped and this could be fostered through closer cooperation of the national ministeries charged with education and rehabilitation.

In conclusion, this document is set up to provide interested persons with information and points of contact to pursue further interchanges with rehabilitation and special education counterparts. In addition, it is hoped that relationships will be generated among nations that will have as their goal the further development of the human potential of disabled persons in all countries of the world.

Results and Accomplishments

In addition to the stimulation and awareness of the needs of the handicapped persons in a number of African countries, the positive results from this project have been many. Yet, much remains to be done. Listed below are the major accomplishments and results of this research and demonstration project.

1. As a result of meetings with United States Peace Corps officials in Washington, D. C., a number of conferences were held with Peace Corps country directors. All personnel concerned responded positively to suggestions for more extensive involvement of volunteers in special education and rehabilitation projects for children and adults in African countries. Africa Desk Officers are planning to assign more volunteers, with suitable backgrounds and interest, to work with handicapped persons.
2. A listing of recommendations for project activities were made available to Peace Corps personnel. This included counseling, advisement and adjustment services for families of handicapped children, the initiation of sheltered workshop training facilities in villages, handicrafts instruction and assistance in the organization of parent groups to promote school and programs for the mentally retarded.

3. Through project efforts, the United States Embassy, Peace Corps and other U.S. Government people in various countries were brought together. Often, these personnel were not aware of the other's activity as it related to the handicapped people and rehabilitation. The project was responsible for helping to coordinate the issues of rehabilitative services in such countries as Senegal, Liberia and Togo.

4. As a result of reports of project experiences, exchanges of information have been developed with Sister Cities' organizations leading to the establishment of cooperative relationships between Minneapolis People-to-People organization and the Accra, Ghana Rehabilitation Services Workshop program and the Denver, Colorado, Sister Cities' organization and their counterpart, Nairobi, Kenya. There are a number of other Sister Cities' arrangements in some stage of finalization with African cities such as Freetown, Sierra Leone; Lomes, Togo; Accra, Ghana and Lagos, Nigeria. Of special note is the long-lasting relationships which usually develop via the Sister Cities' approach to mutual assistance and development.

5. One major emphasis of the project concerned with the Exchange-of-Visits has stimulated visits by persons interested in the development of rehabilitation programs from Senegal, Sierra Leone, Ghana, Nigeria and Togo. U.S. organizations becoming involved in programs for handicapped people include special education staff, University of Wisconsin, health education staff of Tuskegee University, the international programs of the YMCA and Goodwill Industries, among others.

6. Gallaudet College in Washington, D. C. is extending educational opportunities to deaf applicants from West and East African countries. The Office of International Programs at this college is recruiting and increasing numbers of African nationals for training experiences in rehabilitation settings in the United States. In addition, the World Rehabilitation Fund began a training program for candidates from many African countries in orthotics and prosthetics in Nairobi, Kenya in 1978.

7. We advised, interpreted and encouraged a favorable government response to the International Labor Organization/United Nations Developmental Program proposals for vocational rehabilitation programs in The Gambia, Liberia and Sierra Leone. The staff in the Social Welfare and Labor Ministry were unaware that these proposals existed, but were informed of them and their use.

8. Through field visits and numerous contacts, the project identified technical experts in Ghana to assist in program development and staff training for rehabilitation programs in Liberia and Nigeria.

9. Close contact has been maintained with the United States Department of State, Educational and Cultural Affairs Division and the various Washington, D. C.-based political offices and desk officers assigned to the various countries visited. There appears to be an increasing interest in the effectiveness of the People-to-People type relationship established through this project activity. It is noteworthy that the former head of the United States' Mission to the United Nations has commented favorably on the project developments and encouraged an extension of the type of exchange relationships envisioned and fostered by this project.

10. Project research indicated that organizations such as the Opportunities Industrialization Center International, the YMCA Trade Training Program, the National Council of Negro Women, Africare, the African-American Institute and similar educational and economic development groups may be unaware of the special needs of handicapped people in many of the developing countries in which they have programs. As a result of this finding, a major symposium was held at the Brookings Institute in Washington, D.C. in September 1979. Entitled "Disability and the Developing World: A Symposium on U.S. Involvement," this meeting hosted persons from 70 different organizations from the private and governmental sectors from the United States and abroad. This sharing of information stimulated much thought and planning for future actions in developing countries.

11. In addition to the meeting described above, many conferences and symposia were stimulated as a result of project efforts and consultation with other interested organizations both in the United States and abroad. In addition, a number of major conferences were developed and implemented by the People-to-People Committee for the Handicapped.

12. Information exchanges and active consultation is ongoing with Rehabilitation International U.S.A., the International Council of Goodwill Industries of America, Sister Cities International, the International Development Program of Gallaudet College, Michigan State University International Rehabilitation Project,

the Council of International Programs, Cleveland, Ohio and the World Rehabilitation Fund, Inc. and other rehabilitation-oriented groups.

13. University interchanges have been fostered between rehabilitation experts in the United States and representatives of African countries. For example, visitations to rehabilitation and special education programs in African countries have been performed by Michigan State University for the establishment of an International Rehabilitation Special Education Network. / University of Wisconsin team has visited the University of Nigeria as a follow-up to Nigerian faculty personnel visiting the University of Wisconsin. In addition, cooperative proposals for staff development, as a part of the creation of a national rehabilitation program for Nigeria, have been affected as a result of these contacts. Information from the reports of visits in African countries have been shared with the staff of the University of Oregon and the University of Georgia, the Council of International Programs, Rehabilitation International, World Rehabilitation Fund, Inc. and other groups concerned with the progress of rehabilitation program developments in Africa.

14. Michigan State University has accepted African students for advanced studies in Special Education and Rehabilitation as a result of project initiatives.

15. Technical assistance is currently being provided by Rutgers University (New Jersey) with the support of the World Rehabilitation and Special Education at Cape Coast University in Ghana.

16. Developing workable plans for rehabilitation programming on a national level has proven to be a successful effort. Of significance is the fact that the governments in Senegal, Liberia, Nigeria and The Gambia are now developing plans for nationwide rehabilitation services. Many of these plans will be based on cooperative assistance and involvement of Goodwill Industries International, the Opportunities Industrialization Centers International, the YMCA Vocational Training Programs (located in many of these countries), the World Rehabilitation Fund and the international service programs for the deaf and the blind. It should be noted that the Ghanian National Rehabilitation Program is an excellent model for other developing countries to follow and has been disseminated. The Ghana program has established training and employment workshops in urban and rural areas of the country and serves some 300-500 seriously handicapped adults annually.

17. We identified technical experts in Ghana to assist in program development and staff training for rehabilitation programs in Liberia and Nigeria.

18. The project findings have been given widespread diasemination in the rehabilitation media during the project period. Two brief examples of articles from the project are provided in the Appendix. In addition, a project report digest entitled, "Developments in Services for Handicapped People - Africa," dated September 1979, was published and distributed.

19. The Project Director recommended the inclusion of the program session on "Rehabilitation Services in Africa" at the 1980 World Congress of Rehabilitation International in Winnipeg, Canada. The findings and recommendations of this project will be discussed at that forum.

20. The Washington-based headquarters of the People-to-People Committee for the Handicapped continues to receive requests for consultation and technical assistance and information from numerous sources in the United States as well as from the countries visited by the project. This is clear evidence of the need and the effectiveness of the project and a measure of its impact in the stimulation of those interested in aiding the rehabilitation of handicapped people throughout the world.

21. One by-product has been a concept paper describing a possible coalition of concerned national and international organizations providing services to countries in Africa in the human services areas, including economic, health and social welfare programs as an information exchange relationship. Although, in a fairly early stage of development, the ideas expressed in this concept paper have been received with favor at the United States State Department and abroad. A more complete description of this concept, to be designated by acronym AFREHAB, is described in the next section on recommendations.

To summarize, the major accomplishments and results this project has generated considerable interest and a heightened awareness of the needs of handicapped persons of all ages living in the developing countries.

While all objectives of this project were met, much remains to be done. In some instances, the project also extended hope where little or none may have existed.

Recommendations for Further Action

The current project revealed numerous positive findings as well as many deficits and actions still needed concerning handicapped persons. In some cases, procedures and methodology initiated during the project will need to be continued, expanded or refined. The following recommendations have two elements in common -- they are a call for action and they are all achievable.

1. There is a need to support more interchanges of personnel, using the current project as a model.
2. There is a need to provide a centralized and well-coordinated technical assistance function to assist countries in the development of a national plan for services for the handicapped.
3. There is a need to assist nations in the development of a national law for the handicapped. While there are laws that exist for this purpose in countries such as Ethiopia, Kenya, Ghana, Liberia, Malawi and Tanzania, other countries still do not have such laws. Each country should develop and enact legislation supporting rehabilitation and special education programs in keeping with their respective economic and social development.
4. Seminars are recommended for Peace Corps personnel and United States Embassy staffs in order to disseminate timely information concerning the needs of the handicapped.

5. There is a need to coordinate all United States Government agencies involved in international rehabilitation efforts in the developing countries. A system should be developed to implement this coordinated approach to avoid duplication of effort as well as fragmentation of approaches.
6. There is a need for a centralized clearinghouse for the exchange of rehabilitative personnel from the United States and African countries.
7. There is a continuing need to develop more effective public awareness programs to alert people to the needs of handicapped persons throughout the world. This type of effort would assist in developing private as well as public support for special projects.
8. There is a need for more research into the development of employment potential, especially in rural areas. Cross-cultural research would be extremely helpful to the United States as well as other countries with serious deficits in rural rehabilitation.
9. Further research should be directed toward the innovative use of parents and family members as an integral part of the rehabilitation team to support other therapies. The approach is being used in Kenya and Mauritius.
10. Students and researchers in rehabilitative fields should be encouraged to undertake projects of a cross-cultural nature since there is much to be learned and developed in many of the African countries.

11. There is a need to develop methods to recruit handicapped people to participate more fully in rehabilitation program development as staff members or consumer representatives. This will involve active screening, recruitment and training opportunities made available to qualified persons.

12. Contacts were made in several African countries with recently formed organizations of handicapped persons. These organizations are creating a new awareness in social welfare and legislative circles, but because of their recent origin have somewhat limited resources and technical competencies. They do share a tremendous amount of enthusiasm and concern for creating opportunities and a better life for their members. A coordinated approach is recommended between similar consumer organizations in the United States and those in African countries in developing an exchange of information through visitations and technical assistance. This kind of action would be beneficial to all involved.

13. The impetus that has been generated and nurtured by this project should be expanded to include additional developing countries. For example, in remarks by President Carter, he stated that "A coordinated and perhaps consolidated approach must be undertaken to reduce the efforts of long-term disability and provide solutions for coping with its problems in less developed countries." This kind of approach could be carried forward with relative ease, using a research and demonstration model in three or four selected countries. This would be a beginning that could be expanded once initial objectives were met.

14. More attention must be focused on the development of participation by multinational corporations in employing handicapped persons. Preliminary contacts with corporate executives indicated an interest in cooperating with local governmental units. Future planning in this regard would require more direct contact at the corporate headquarters level to encourage cooperative employment activities within a respective company in a particular African country.

15. It is recommended that an African Rehabilitative Services Coalition be formed. AFREHAB, to coin an acronym, could represent an informal coalition of many human service organizations concerned with improving opportunities and the quality of life for people in developing countries of the world. Its purpose would be to serve as a cooperative resource for technical assistance, consultation and educational and developmental services to support the growth of rehabilitative services to better meet the needs of handicapped people in developing countries. It should be noted that the current project found an estimated 40 to 50 million disabled people in Africa (from World Health Organization data). Although there are many national and international organizations actively engaged in attempts at meeting the special needs of people in developing countries for better food production, medical and health services, educational and social development and economic growth, the programs to relieve suffering and improve opportunities for disabled people have received little attention and are not well-coordinated nor are they particularly effective.

In the more specialized field of disability, international agencies, such as United Nations Developmental Program, International Labor Organization, World Rehabilitation Fund, Inc., Rehabilitation International, Rehabilitation International U.S.A., World Health Organization and the United Nations European Service Corps are giving some attention to the needs of the large populations of disabled people. Among the smaller organizations, equally important activities and services are sponsored by Africare, African-American Institute, National Council of Negro Women, Sister Cities International, YMCA and YWCA programs, Opportunities Industrialization Center, International Services of Goodwill Industries of America, Helen Keller International, the International Center on Deafness at Gallaudet College and others.

The results of combined efforts of all of these programs, as they affect handicapped people, are minimal and peripheral at best. There is need for better communication and focus. A careful evaluation of results of all these efforts would suggest the need for a more coordinated, comprehensive approach. Together, there could be more effective planning, a better focus and, perhaps, a greater impact on results of services designed to benefit disabled people in many parts of the world.

It is important to note that AFREHAB is not an organization, as such, but a concept of an interrelationship of many human service organizations that might serve as a coalition of common concerns to share a mission, objectives, accomplishments and to evaluate needs and plan joint efforts to enrich each respective organizational program.

Human well-being, health, education and economic development are common objectives of all international efforts. Joint appraisal and evaluation could bring better results in African countries with less confusion and splintering of efforts and a more effective use of available public and private funds.

16. The United Nations' declaration of the International Year of Disabled Persons - 1981 provides an opportunity for concerned non-government organizations to unite in making a major impact on programs to relieve suffering and improve opportunity and quality of life for so many of the world's handicapped persons. It is of vital importance that all concerned with these issues use the United Nations Year as a time for coordination, consolidation and development in behalf of those needing rehabilitative services and special education.

In conclusion, the above recommendations provide a substantial list of the kinds of processes, methods and information that are needed if we are to capitalize on the small, yet important, advances made thus far. The development of a flow of people and ideas between the United States and other countries will also generate broad opportunities for joint research and demonstration projects in areas of mutual concern. In addition, through the transfer of new knowledge, we can establish and strengthen the bonds of friendship between people in the rehabilitation movement in both the United States and overseas. This bond of trust can only serve to enhance progress toward the betterment of all handicapped persons throughout the world.

REFERENCES

The following references were used in the preparation and development of this project and are listed as an additional resource.

Association for the Physically Disabled of Kenya, Annual Report, Nairobi, 1973.

Carnes, G. D., European Rehabilitation Service Providers and Programs, University Centers for International Rehabilitation, Michigan State University, 1979.

Cooper, N. E., The First Athens Joint International Seminar, Rehabilitation International - International Labor Office, 1976.

Cooperatives for the Disabled: Organization and Development, International Labor Office, Geneva, 1978.

Department of State Publications, Background Notes, U.S. Government Printing Office, Washington, D. C. 1976-1979.

Directory of Social Welfare Organizations and Institutions in Ethiopia, Addis Ababa, 1972.

Department of Social Welfare and Community Development, Handbook of Information, Republic of Ghana, 1974.

Disability and the Developing World: A Symposium on U.S. Involvement, September 25-26, 1979, International Council of Goodwill Industries, Washington, D. C. 1979.

ILO and Vocational Rehabilitation, International Labor Office, Geneva, 1976.

ILO Catalogue of Publications in Print, International Labor Office, Geneva, 1977.

July, R. W., A Complete History of the African People, 2nd Edition, Charles Scribner's, New York, 1974.

Laws of Malawi, Handicapped Persons, Chapter 33:02, 1973

Lefton, S., Stavrianos, L., and Kreider, A., Sub-Saharan Africa: A Culture Area in Perspective, Allayn and Bacon, Inc., Boston, 1967.

Lumb, S. V., A Short History of Central and Southern Africa, 3rd Edition, Cambridge University Press, London, 1969.

Malawi Council for the Handicapped, Annual Report 1975, Limbe, Malawi.

Miller, J., The Rehabilitation Counselor in Australia, a paper from the 1st Joint International Seminar of Rehabilitation International, Athens, June 7-10, 1976.

References (continued)

Nigerian National Advisory Council for the Blind, Fourth Annual Report, Lagos, Nigeria, 1965.

Rehabilitation Worldwide, A Directory of International Rehabilitation Organizations, President's Committee on Employment of the Handicapped, Washington, D. C. 1976.

Reitan, H. A., Employment Provisions for Disabled Persons in Selected Countries, President's Committee on Employment of the Handicapped, Washington, D. C., Circa, 1977.

Report on the ILO/DANIDA Training Course for Vocational Rehabilitation Centre and Sheltered Workshop Managers, Addis Ababa, Ethiopia, October 1975, International Labor Office, Geneva, 1975.

Report on the ILO/DANIDA Seminar for Vocational Rehabilitation Staff from Asian Countries, Teheran, April, 1974, International Labor Office, Geneva, 1974.

Rusk, H. A., A World to Care For: The Autobiography of Howard A. Rusk, M.D., Random House, Inc., New York, 1977.

Spann, V. with Schwartz, M., Project Green Light Access: A Workbook for Change Agents, West Virginia Research and Training Center American Coalition of Citizens with Disabilities, West Virginia, 1979.

Summary of Information on Projects and Activities in the Field of Rehabilitation of the Disabled During 1978, Twenty-First Issue United Nations Secretariat, New York, 1979 (IESA/SDHA:Misc. 103)

Taylor, A. and Butcher, F. H., Education of the Blind in Africa, Report of a Conference at the University of Ibadan, March 1964.

Vocational Rehabilitation of the Mentally Retarded, Proceedings of a Seminar in Kingston, Jamaica, September 1978, International Labor Office, Geneva, 1978.

World Development Report, 1979, The World Bank, Washington, D. C. August, 1979.

BIBLIOGRAPHY

Amoako, J. B., Integrating the Disabled Into the Community (unpublished position paper) 1978, 1-2.

Amoako, J. B., The Development of Rehabilitation Services in West Africa (unpublished paper from A Symposium on Disability and the Developing World), Washington, D. C., September, 1979.

Boit, F. K., Kenya's Programme in the Field of Vocational Rehabilitation of the Disabled. A Report on the ILO/DANIDA Training Course for Vocational Rehabilitation Center and Workshop Managers, Addis Ababa, Ethiopia, October 15-31, ILO, Geneva, 1975, 168-170.

Brown, H. W., Report of a Survey in Vocational Rehabilitation, International Labor Office, (unpublished paper) Geneva, 1976.

Compendium, The Council of World Organizations Interested in Handicapped (CWOIH), Rehabilitation International, New York, 1978.

Cooper, N. E., The First Athen's Joint International Seminar on Rehabilitation (unpublished proceedings), International Labor Office, Geneva, 1976, 6.

Department of State Publications, Background Notes, U.S. Government Printing Office, Washington, D. C. 1976-79.

Iarizzo, L. M., Conference Proceedings of Fifth General Assembly of the Welfare of the Blind, Helen Keller International Organization, New York, 1978, 2.

Kamara, F., A Report on Rehabilitation, Ministry of Social Welfare, for the period January, 1976 to December, 1976, (an unpublished report), 1976, 1-9.

Kassa Kebede, A., Ethiopia's Rehabilitation Programme for the Disabled. A Report on the ILO/DANIDA Training Course for Vocational Center and Sheltered Workshop Managers, Addis Ababa, Ethiopia, October 15-31, ILO, Geneva, 1975, 31-35.

Laws of Malawi, Handicapped Persons, Chapter 33:02, Malawi, 1973.

Mshana, E. M., Tanzania's Program in the Field of Vocational Rehabilitation of the Disabled. A Report on the ILO/DANIDA Training Course for Vocational Rehabilitation Center and Sheltered Workshop Managers, Addis Ababa, Ethiopia, October 15-31, ILO, Geneva, 1975, 202-204.

Nigerian Army Resettlement Scheme, Federal Republic of Nigeria: FGP662/573/5,000, Lagos, Nigeria (undated pamphlet).

Bibliography (continued)

Soyemi, A. I., Rehabilitation and Employment of the Disabled in Nigeria, Rehabilitation, January-March, 1976, 30-31.

United Nations, Summary of Information on Projects and Activities in the Field of Rehabilitation of the Disabled, New York, 1973 (unpublished paper).

Mchiela, G. P., Vocational Rehabilitation of the Disabled in Malawi. A Report on the ILO/DANIDA Training Course for Vocational Rehabilitation Center and Sheltered Workshop Managers, Addis Ababa, Ethiopia, Oct. 15-31, ILO, Geneva, 1975, 175-176.

Wilson, D., Disability in the Congo, Brazzaville, Congo, 1978, 2 (unpublished paper).

Wilson, G., Round Table Polio Clinic, Kampala, Uganda, 1975, 1. (unpublished report).

Wijenje, T. L., The Problems of Blindness in Africa. A Report on the ILO/DANIDA Training Course for Vocational Rehabilitation Center and Sheltered Workshop Managers, Addis Ababa, Ethiopia, October 15-31, ILO, Geneva, 1975, 123-126.

World Development Report, 1979, The World Bank, Washington, D. C., August 1979, 126-127.

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Paraguay	044-000-91117-5
Peru	044-000-99904-8
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Yemen, South	044-000-91119-1
Yugoslavia	044-000-91089-6
Zaire	044-000-99921-8
Zambia	044-000-91072-1
Index	044-000-91105-1
Binder	044-000-99608-1

November 1978

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APPENDIX A

BASIC INDICATORS FROM WORLD DEVELOPMENT REPORT, 1979

BASIC INDICATORS from WORLD DEVELOPMENT REPORT 1979, The World Bank, Washington, D. C. August 1979

	Population (millions) Mid-1977	Area (thousand square kilometers)	GNP Per Capita (US dollars) 1977	GNP Per Capita Average Annual Growth (percent) 1960-77	Average Annual Rate of Inflation (percent) 1960-70	Average Annual Rate of Inflation (percent) 1970-77	Adult Literacy Rate[c] (percent) 1975	Life Expectancy at Birth 1977	Index of Per Capita Food Production, 1969-71 = 100 Av. 1975-77
Low Income Countries			170	1.4			36	50	98
Ethiopia	30.2	1,222	110	1.7	2.1	3.3	10	39	85
Somalia	3.7	638	110	-0.4	4.5	10.2	50	43	88
Burundi	4.1	28	130	2.2	2.8	9.9	10	45	99
Chad	4.2	1,284	130	-1.0	4.0	8.5	15	43	83
Rwanda	4.4	26	130	1.0	13.1	13.0	23	46	103
Upper Volta	5.5	274	130	0.6	1.3	6.1	5	42	94
Zaire	25.7	2,345	130	1.1	29.9	22.4	..	46	96
Malawi	5.6	118	140	3.0	2.4	9.2	25	46	101
Mozambique	9.7	783	150	0.9	2.8	8.8	..	46	85
Niger	4.9	1,267	160	-1.4	2.3	5.5	8	42	79
Sierra Leone	3.2	72	190	1.3	2.9	9.8	15	46	96
Tanzania	16.4	945	190	2.6	1.8	12.0	66	51	93
Guinea	5.0	246	220	1.3	1.7	4.9	..	44	86
Lesotho	1.3	30	240	5.8	2.5	11.1	40	50	97
Madagascar	8.1	587	240	-0.2	3.2	10.1	50	46	95
Central African Emp.	1.9	623	250	0.2	4.2	8.3	..	46	103
Kenya	14.6	583	270	2.5	1.5	12.4	40	53	89
Mauritania	1.5	1,031	270	3.6	0.8	10.8	17	42	70
Uganda	12.0	236	270	0.7	3.0	18.4	..	53	93
Sudan	16.9	2,506	290	0.1	3.7	4.0	20	46	106
Angola	6.6	1,247	300	2.3	3.3	22.1	..	41	89
Togo	2.4	56	300	3.8	1.7	8.6	15	46	62
Middle Income Countries									
Cameroon	7.9	475	340	2.9	3.7	9.8	..	46	101
Ghana	10.6	239	380	-0.3	7.6	30.9	30	48	85
Liberia	1.7	111	420	1.8	1.9	9.7	..	48	108
Nigeria	79.0	924	420	3.6	2.6	15.2	..	48	92
Senegal	5.2	196	430	-0.3	1.6	12.1	10	42	104
Zambia	5.1	753	450	1.5	7.6	4.3	39	48	108
Congo, People's Republic	1.4	342	490	1.1	5.4	10.3	50	46	99
Ivory Coast	7.5	322	690	3.3	2.8	12.3	20	46	116

APPENDIX B

MAP OF AFRICA

APPENDIX C
MASSIVE NEED FOR REHAB SERVICES IN AFRICA

Massive Need for Rehab Services in Africa

Rehabilitation service programs for handicapped people are being developed and are serving an increasing number of persons in Africa today according to James R. Burress, Executive Director of the Committee for the Handicapped, People-to-People Program. Burress reports unique program developments in many places but points out that the need for rehabilitation therapists, physical medicine specialist, prosthetic technicians, special education instructors, and workshop job training facilities is limiting further progress.

Mr. Burress has recently returned from a third tour of selected countries in West Africa conferring with government officials, private organizations, and groups of handicapped people concerned with programs of health services, education, vocational training, and productive employment opportunities for handicapped people.

In these countries Burress reports that the handicapped are the poorest of the poor and the most neglected of the neglected. He reports that residual paralytic conditions from polio, early childhood diseases, and an unbelievable increase in road accidents as the major causes of injury and permanent disablement. Amputations, deformities from leprosy, blindness and deafness are prevalent.

Burress visited the following countries: Senegal, The Gambia, Liberia, Ghana, Nigeria, Sierra Leone, and Togo. The combined populations of these countries total approximately 92.8 million and include 11.136 million of seriously handicapped people based upon estimates developed by the World Health Organization. A very small percentage (roughly 1800) of these people are receiving rehabilitative services or special education programs especially designed for seriously handicapped children at any one time in all of these countries.

Burress, a career professional in social welfare and vocational rehabilitation, reports that "the problems of handicapped people in developing countries are massive and can only be managed through foreign assistance and voluntary technical development and support. These countries have severe economic problems, limited national income, massive unemployment and an increasing devastating effect caused by inflation. There is a great need for technical guidance and aid from international organizations and governments where rehabilitation programs for handicapped people are well developed."

Burress noted an increased interest and participation by the United States Agency for International Development in human services and economic development projects. These projects are benefiting some handicapped persons through sponsorship support by P.A.C.T. (Private Agencies Cooperating Together), the YMCA International development program, Goodwill Industries, and Sister Cities International; and the job skills development projects organized by the Opportunities Industrialization Centers, among others.

Burress noted extensive assistance provided by the West German and Swedish governments through funding for construction of training workshops, tools and equipment, and technical assistance in the training of management personnel to operate employment centers for handicapped people on a productive basis.

Organizations in the U.S. are providing limited assistance through the voluntary efforts of the Peace Corps in the assignment of volunteers to health clinics for children and the development of special education programs for handicapped children and the retarded. Examples of these efforts which will have lasting effect are in the countries of Ghana and Sierra Leone.

The governments in Senegal, Liberia, Nigeria, and The Gambia are developing plans for nationwide rehabilitation services. Many of these plans will be based on cooperative assistance and involvement of Goodwill Industries International, the Opportunities Industrialization Centers International, the YMCA Vocational Training programs, located in many of these countries, the World Rehabilitation Fund, and the international service programs for the deaf and the blind.

The Ghanian national rehabilitation program is proving an excellent model for other developing countries to follow. It has established training and employment workshops in urban and rural areas of the country and serves some 300-500 seriously handicapped adults annually.

It has instituted an effective in-service staff training program and cooperates with the special education department of Cape Coast University in the conduct of special seminars on rehabilitation and special education.

The Liberian government is moving towards the organization of a system of rehabilitation services for their entire country to be completed within the next 3-5 year period. A detailed plan has been developed which includes training and work centers for the Monrovia area and the establishment of a rural center in the Suakoko area. The latter will include the cooperative support of Phebe General Hospital and Cuttington College staffs. Technical assistance in the development of the sheltered workshops is being provided through cooperation of Sister Cities International and Baltimore Goodwill Industries.

These developments have the support of the President and Mrs. Tolbert and Mayor David of Monrovia. The Vice President has been directed to effect coordination of the several ministries, especially health and social welfare, education, and labor, youth and sports. The Committee for the Handicapped is assisting in the development of proposals which will include seeking cooperative assistance of the USAID, the YMCA International, the Peace Corps, Goodwill Industries International, Rehabilitation International, and Sister Cities International Program.

Burress suggests that much can be learned about the potential for employment for more severely handicapped people in developed countries by observing and participating in projects in many of the developing countries in Africa today. Cooperative production programs, rural employment centers and the cottage industry programs are a few of the ongoing activities which should be of interest. Burress also cites the innovative use of the parent as a part of the therapy team in crippled children's clinic in Kenya to relieve the shortage of physical therapists and the teaching of the parents of mentally retarded children learning techniques for their use at home. Many opportunities are also offered for research and evaluation, for teaching and consultation, according to Burress. Opportunities are available through university programs, U.S. Peace Corps, international programs of Goodwill Industries, Gallaudet College and various other foreign service missions, Sister Cities and other people-to-people exchanges such as Partners of the Americas, etc.

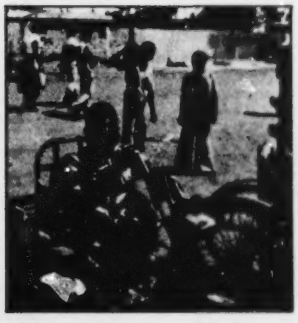
The Committee for the Handicapped, a people-to-people program, is conducting a special research project to develop information concerning rehabilitation needs of handicapped people in African countries, according to Donald V. Wilson, Chairman, Committee for the Handicapped. The project, jointly sponsored in cooperation with the Rehabilitation Services Administration, U.S. Department of Health, Education, and Welfare, is designed to increase interchange of information and promote consultative and technical assistance between the United States and African countries.

APPENDIX D

AFRICA'S DISABLED MILLIONS

Africa's Disabled Millions

Reprinted from *Disabled USA*
(Volume 2, Number 8, 1979),
President's Committee on
Employment of the Handicapped,
Washington, D.C. 20210



AFRICA. THE "DARK," THE "mysterious" continent. Africa, with its ancient traditions, dozens of new countries, and millions of disabled people. Still unknown to many people, Africa, its people and its traditions, are familiar to James R. Burress, executive director of the People-to-People Committee for the Handicapped.

Recently back from his third tour of Africa, Burress reports that, in the West African nations he visited on this trip, "Handicapped people are the poorest of the poor, the most neglected of the neglected. I visited Senegal, The Gambia, Liberia, Ghana, Nigeria, Sierra Leone, and Togo.

"The combined populations of these countries total approximately 92.8 million, including 11 million seriously handicapped people. These figures are based on estimates developed by the World Health Organization. At any one time, only 1,800 of these disabled people are receiving rehabilitative services or special education programs especially designed for seriously handicapped children."

The Washington-based People-to-People Committee for the Handicapped is out to improve this situation. "I see our role as a catalyst," Burress says. "We are striving to focus the attention of the developed nations, and of the United Nations agencies, on the problems of disabled people in Africa."

The extended family tradition is deeply rooted in Africa, Burress points out, and this means that, until recently, many disabled people never had to face the public. As a result, most disabled people miss any form of rehabilitative service, including the most basic adaptive devices. "It is common to encounter people who move only by crawling or dragging themselves because there are no devices," Burress says.

Increasing urbanization and the resultant breakdown of the village-oriented, extended family tradition is beginning to change the lives of disabled Africans. "Disabled people are organizing and forming forceful and articulate organizations," Burress notes. "This is the most hopeful development for disabled people in Africa."

Burress does his homework before he travels to Africa. He prepares for his trips by establishing, through African embassies in Washington, contacts with government agencies and officials in Africa.

He also works with the US Department of State, the Peace Corps, the Agency for International Development, the International Communications Agency, and agencies of the United Nations (such as the World Health Organization, the International Labor

Organization, UNESCO and UNICEF,) to find out what these agencies are doing for disabled Africans, and also to get introductions to officials representing those agencies in Africa.

His preparations pay off. Doors are opened to him throughout the countries he visits. Local officials are eager to show him what they are doing. Disabled Africans are eager to learn what they can do to improve their lives, and to encourage their governments to do more.

What does he see? "The simple things, small workshops, little training programs ... the only things in existence."

African nations are still plagued by diseases which developed nations consider "vanquished." Polio is a major disabler, and the polio vaccine is "simply not available" in rural areas. As a result of this, there are yearly polio outbreaks which leave behind huge new numbers of disabled people. Parasitic diseases also abound in Africa and thousands are victims of "river blindness."

Leprosy, (in developed countries called "Hansen's Disease") is another African illness which often causes the person who has it great anguish, not only because of the physical problems connected with it, but also because of the superstitions which surround it. It is still pretty much treated on a segregated basis as in Senegal, where the government has a major medical clinic in a village restricted to people with leprosy and their families. Leprosy can now be arrested, and people with arrested leprosy are anxious to move into the mainstream of their country's life.

Despite these huge numbers of disabled people, many African governments cannot see the need for training when the overall unemployment rates are between 40 to 60 percent in their countries. Burress urges government officials to reconsider, and to be cognizant of the fact that 12 to 15 percent of these unemployed people are handicapped. By rehabilitating and training disabled people, the overall figure would very likely be lessened.

If the existing programs are small and are serving so few disabled people, and if the African governments are reluctant to launch rehabilitation and education programs for disabled people, what other sources of assistance are available to disabled Africans?

Religious groups have programs. The Catholic church is active in some countries; other churches are also active. Unfortunately, Burress comments, church programs are competitive with each other. They have also, in some cases, slowed the development of government programs.

Burress cites as an example one country where a small school for deaf people is run by one church, a small school for blind people is run by another, a third church runs a home for handicapped children.

The local governments provide a small subsidy to each of these church-run facilities and "That is absolutely all that is being done for handicapped people in that particular country! At the most, there are about 100 young people benefitting from any service for their disability at any one time."

Other outside assistance comes from the United Nations agencies which need to "focus more attention on the problems of disabled people in Africa," Goodwill Industries, American universities, and US Government agencies.

Goodwill is opening a workshop in Senegal this year, and is conducting seminars on organizing and managing workshops in both French and English speaking African nations.

The universities of Wisconsin, Michigan State, and Rutgers are helping to establish special education programs.

Among US Government agencies, Burress has the highest praise for the Peace Corps. "Peace Corps volunteers make a real impact on the lives of disabled people, and are making progress in establishing programs to benefit disabled people. Small-scale and self-help."

The self-help concept is crucial as Peace Corps volunteers leave after a tour of one or two years. Burress cites an example of an imaginative self-help program he has seen develop.

"In Sierra Leone, two Peace Corps volunteers with backgrounds in special education met a group of parents with retarded children in 1976. The volunteers and the parents managed to start up two classrooms in a local school for retarded children. They had to use the classrooms after regular school hours.

"They began on this limited basis with 30 children, with the volunteers, assisted by parents, doing the teaching. Today, the volunteers have returned to the US, but they have left behind a lasting legacy. There are now some 45 to 50 mentally retarded children being taught by local people, whom the volunteers trained, and the parents are raising the money to build their own school."

Burress hopes the Peace Corps will recruit more volunteers with backgrounds in rehabilitation and special education to work with African nations in establishing similar self-help programs for disabled people.

Progress, albeit slow, is being made. Ghana has opened a number of rural and urban centers where disabled people make clothing, furniture and sandals. Other countries have small "cottage industries" where disabled people make products at home for sale. The concept of cooperatives is growing.

The real hope for the future, Burress stresses, lies with disabled Africans themselves. "Let our governments listen," is the message being forcefully delivered to governments throughout West Africa by organizations of disabled people.

Disabled people are demanding that they be included in government decision-making that affects their lives. "We have some ideas on what would be best for our futures!" Organizations for, and by, disabled people are also taking their governments to task over a deeply entrenched tradition—that of fostering "begging" by disabled people as a sole means of livelihood.

This "begging tradition" is considered by disabled Africans as a last resort, and one which should be eliminated as quickly as possible.

Burress is encouraging United Nations agencies and the governments of developed nations to come to the aid of these organizations of disabled people in Africa; and to provide the financial and technical assistance in rehabilitation and special education to enable these organizations to really "plan their own futures."

—Robert H. Ruffner

Mr. Ruffner is director of Communications at PCEH.

For more information on the People-to-People Committee, contact Committee for the Handicapped, People-to-People, 919 18th Street, N.W., Washington, DC 20036. (202) 785-0755.

APPENDIX E

A SELECTED LISTING OF U.S. NON-PROFIT ORGANIZATIONS INVOLVED IN OVERSEAS ASSISTANCE PROGRAMS FOR THE REHABILITATION OF THE DISABLED - AFRICA

THE AMERICAN COUNCIL OF VOLUNTARY AGENCIES FOR FOREIGN SERVICE, INC. was founded in 1943 for the purpose of providing a forum for cooperation, joint planning and the exchange of ideas and information in order to avoid duplication of effort and assure the maximum effectiveness of the relief, rehabilitation and development programs of American voluntary agencies. Through the mechanism of the Council, member agencies have established relationships not only among themselves but with non-member agencies and governmental, intergovernmental and international organizations. The Technical Assistance Information Clearing House (TAICH) has been operated by the Council since 1955 with support from the U.S. Government, currently a grant from the Agency for International Development.

THE TECHNICAL ASSISTANCE INFORMATION CLEARING HOUSE serves as a center of information on the socio-economic development programs abroad of U.S. non-profit organizations, including voluntary agencies, church missions and foundations. It makes available to organizations, government, researchers and others, source materials from its files for study and research. Through publications and the maintenance of an everyday inquiry service TAICH responds to the need for current information about development assistance with particular reference to the resources and concerns of the private, non-profit sector.

AFRICA EVANGELICAL FELLOWSHIP, INC.
18 Snowden Place, Glen Ridge, New Jersey 07028 -- (201) 748-9281
Mailing Address: P.O. Box 109, Glen Ridge, New Jersey 07028

PROGRAM OF ASSISTANCE: Operates school for the blind.

AMERICAN COUNCIL OF THE RAMABAI MUKTI MISSION
55 Leigh Street, Clinton, New Jersey 00809 -- (201) 735-8770
Mailing Address: P.O. Box 4912, Clinton, New Jersey 08809

PROGRAM OF ASSISTANCE: The American Council contributes money and personnel to the work of the Ramabai Mukti Mission which operates in the following areas: instruction to the blind; rehabilitation of the blind.

AMERICAN LEPROSY MISSIONS, INC.
1262 Broad Street, Bloomfield, New Jersey 07003 -- (201) 338-9197

PROGRAM OF ASSISTANCE: Supports leprosaria and leprosy control programs by providing funds for buildings, outpatient and mobile clinics, food, clothing, medicines and equipment, specialized training for medical personnel, rehabilitation services, school and village surveys and salaries of medical and paramedical personnel; encourages local organizations and governments to establish and maintain leprosy control programs; supports research.

THE AMERICAN RED CROSS
17th and D Street, N.W., Washington, D. C. 20006 - (202) 737-8300
PROGRAM OF ASSISTANCE: Through its association with the International Committee of the Red Cross and The League of Red Cross Societies: assists handicapped who come to the U.S. for medical treatment.

CARE, INC.
660 First Avenue, New York, New York 10016 -- (212) 686-3110
PROGRAM OF ASSISTANCE: Through MEDICO, a service of CARE, provides orthopedic training for under-graduate medical students, interns, and/or paramedical personnel in orthopedics and related medical activities.

CATHOLIC RELIEF SERVICES -- UNITED STATES CATHOLIC CONFERENCE
1011 First Avenue, New York, New York 10022 -- (212) 838-4700
PROGRAM OF ASSISTANCE: Catholic Relief Services (CRS) is the official overseas aid and development agency of the United States Catholic Conference, representing the American Bishops, Clergy, Religious and Catholic Laity. The main purpose of the organization is to draw upon American sources -- financial and material -- and to make these readily available to local social welfare and development agencies throughout the world for various programs designed to help less fortunate people in less developed countries: supports schools for the handicapped; provides for treatment and rehabilitation of leprosy patients; and sponsors and supports rehabilitation programs for drug addicts and the mentally ill, as well as for the physically handicapped.

CHRISTIAN CHILDREN'S FUND, INC.
203 East Cary Street, Richmond, Virginia 23261 -- (804) 644-4654
Mailing Address: P.O. Box 26511, Richmond, Virginia 23261
PROGRAM OF ASSISTANCE: Assists in rehabilitation programs for the blind, deaf, physically handicapped and mentally retarded.

CHRISTIAN MISSION FOR THE DEAF
P.O. Box 1254, Flint, Michigan 48501
PROGRAM OF ASSISTANCE: Operates elementary schools and youth center; provides vocational training and counseling; teaches communication skills to adults; gives leadership training.

COUNCIL OF INTERNATIONAL PROGRAMS FOR YOUTH LEADERS AND SOCIAL WORKERS, INC.
1001 Huron Road, Room 209, Cleveland, Ohio 44115 --(216) 861-5478
PROGRAM OF ASSISTANCE: Supports training program for special education teachers. The Program consists of 5 weeks of study in connection with a graduate school of social work in the U.S. followed by 10 weeks of field work in an American social service, health or education agency or youth organization, including federally supported anti-poverty programs. The field work may be extended for an additional 9 months. Participants are selected through personal interviews in the home country. The program, including provision of travel grants, is conducted in cooperation with the International Communication Agency, the Job Corps of the U.S. Department of Labor, American Embassies, the Fulbright Commission, foreign governments and private organizations.

DAMIEN-DUTTON SOCIETY FOR LEPROSY AID, INC.
616 Bedford Avenue, Bellmore, New York 11710 -- (516) 221-5829
PROGRAM OF ASSISTANCE: Raises funds for medical assistance, research, rehabilitation, education and recreation for victims of leprosy and allocates these funds on world-wide basis to groups engaged in leprosy work; makes annual grant of Damien-Dutton Award to outstanding leprologist.

EASTERN MENNONITE BOARD OF MISSIONS AND CHARITIES
Oak Lane & Brandt Blvd., Salunga, Pennsylvania 17538 -- (717) 898-2251
PROGRAM OF ASSISTANCE: Operates half-way house/rehabilitation center for narcotics addicts.

THE EPISCOPAL CHURCH IN THE U.S.A.
The Domestic and Foreign Missionary Society
815 Second Avenue, New York, New York 10017 -- (212) 867-8400
PROGRAM OF ASSISTANCE: The Episcopal Church carries out its objectives through support of the following programs: counseling programs and care for the physically handicapped and victims of alcohol, drug and emotional problems; operation of schools for handicapped children.

GOODWILL INDUSTRIES OF AMERICA, INC.
International Council of Goodwill Industries
9200 Wisconsin Avenue, Washington, D. C. 20013 -- (301) 530-6500
PROGRAM OF ASSISTANCE: Goodwill Industries of America, through the International Council of Goodwill Industries, participates in the planning and implementation of vocational rehabilitation and employment creation programs, primarily in developing countries, through the use of short-term consultants, the donation of materials and equipment, and limited financial assistance. Each autonomous affiliated member organization of the International Council directs its own individual program of services which may include the following: physical therapy, speech and hearing therapy, medical services and psychological counseling, occupational therapy, personal and social adjustment training, work adjustment and vocational skill training, job placement and sheltered employment.

Goodwill affiliates are located in the following countries: Australia, Barbados, Brazil, Canada, Colombia, Costa Rica, Dominican Republic, Guatemala, Japan, Korea, Malta, Mauritania, Mexico, Nigeria, Panama, Peru, Philippines, Sierra Leone, Swaziland, Taiwan, Togo, Trinidad, Uruguay, Venezuela, Zambia.

HELEN KELLER INTERNATIONAL, INCORPORATED
22 West 17th Street, New York, New York 10011 -- (212) 620-2100
PROGRAM OF ASSISTANCE: Trains teachers and administrators to provide and improve educational services for visually handicapped children; advises technicians and volunteers on production of Braille books and educational aids; introduces new services such as integrated education in which visually handicapped children attend schools for the sighted, receiving

special instruction and materials; organizes courses and conferences on request of specific countries; holds international seminars to which representatives of many countries are invited. Supplies massive dose capsules of vitamin A to prevent or reverse symptoms of nutritional blindness (xerophthalmia); provides instruction and training materials for project personnel in hospitals, material and child health centers and child feeding centers in recognition and treatment of symptoms of xerophthalmia and in fundamentals of proper nutrition; conducts surveys to assess prevalence of xerophthalmia; carries out research on prevention and treatment of the disease. Conducts in-depth studies of the conditions and needs of the blind in developing countries and makes recommendations to governments concerning establishment of rehabilitation services for blind adults; cooperates with national governments and local agencies in setting up courses to train rural field workers in low-cost rehabilitation of the blind in village homes and communities; develops programs for counseling families of visually handicapped children.

INTERNATIONAL HUMAN ASSISTANCE PROGRAMS, INC.
360 Park Avenue South, New York, New York 10010 -- (212) 684-6804
PROGRAM OF ASSISTANCE: Supports job training/placement for the handicapped; provides fellowships for training of occupational therapists and prothetic and othotic technicians, as well as consultation and technical services in medical rehabilitation physical therapy, prothetics and othotics.

INTERNATIONAL CHRISTIAN LEPROSY MISSION, INC.
6917 S. W. Oak Street, Portland, Oregon 97223 -- (503) 244-5935
Mailing Address: P.O. Box 23353, Portland, Oregon 97223
PROGRAM OF ASSISTANCE: Supports work of eye hospital and leprosaria; helps provide medicines and medical supplies for leprosy patients.

INTERNATIONAL COMMITTEE AGAINST MENTAL ILLNESS
P.O. Box 898 Ansonia Station, 1990 Broadway, New York, N.Y. 10023
(914) 359-8797.
PROGRAM OF ASSISTANCE: Organizes and partially supports international conferences concerned with mental health, and, most recently, on psychiatric rehabilitation. Supports the following on an as needed basis: funds such research projects as use of antidepressant drugs for treatment of narcotic addicts in Iran and preparation of standardized system for recording the clinical condition of patients; furnishes supplies, equipment and journals and provides advice and consultation on creation of computerized record-keeping system. Donates psychoactive drugs when needed.

INTERNATIONAL EYE FOUNDATION
7801 Norfolk Avenue, Bethesda, Maryland 20014 -- (301) 986-1830
PROGRAM OF ASSISTANCE: Provides teams to teach foreign ophthalmologists the latest surgical techniques; sends instructors to train ophthalmic assistants in basic eye health care; helps establish self-sustaining eye banks abroad by furnishing know-how, eye tissue and equipment; provides mobile clinics for field surgery and trains technical teams to those mobile units; undertakes health education programs relating to eye care and nutrition.

LIONS CLUBS IN THE UNITED STATES
International Association of Lions Clubs
(Lions International)
300 22nd Street, Oak Brook, Illinois 60570 -- (312) 986-1700
PROGRAM OF ASSISTANCE: U.S. Lions Clubs promote international friendship and provide disaster assistance, humanitarian services and vocational assistance, through support given to the Lions International Foundation, the Lions-CARE Program, various international agencies and the Lion-to-Lion International Partnerships Program. Areas of support include the following services activities: rehabilitation programs for the physically, emotionally and mentally handicapped; education and rehabilitation to curb drug and alcohol abuse.

LUTHERAN CHURCH IN AMERICA
Division for World Mission and Ecumenism
231 Madison Avenue, New York, New York 10016 -- (212) 481-9600
PROGRAM OF ASSISTANCE: Assists physical therapy programs.

LUTHERAN WORLD RELIEF, INC.
360 Park Avenue South, New York, New York 10010 -- (212) 532-6350
PROGRAMS OF ASSISTANCE: Lutheran World Relief operates or supports the following programs, mainly through the provision of funds, supplies and personnel: vocational rehabilitation programs.

MARYKNOLL SISTERS OF ST. DOMINIC (M.M.)
Maryknoll Sisters Center, Maryknoll, New York 10545 -- (914) 941-7575
PROGRAM OF ASSISTANCE: Provides direct services and supervises volunteers in service for the handicapped and retarded; conducts immunization programs.

NORTH AMERICAN BAPTIST GENERAL MISSIONARY SOCIETY, INC.
1 South 210 Summit Avenue, Oakbrook Terrace, Illinois 60181 -- (312) 495-2000
PROGRAM OF ASSISTANCE: Operates physical and vocational rehabilitation center for leprosy patients.

PEOPLE-TO-PEOPLE COMMITTEE FOR THE HANDICAPPED, INC.
1522 K Street, N.W., #1130, Washington, D. C. 20005 -- (202) 638-2487
PROGRAM OF ASSISTANCE: Serves primarily as a clearinghouse between U.S. and other countries on behalf of the handicapped; provides pamphlets and books upon request on techniques, treatment, devices and procedures in rehabilitation; through its Prosthetic Supply Project, sends used but serviceable artificial limbs, braces, hearing aids and wheelchairs overseas via World Rehabilitation Fund; cooperates with Sister City program of Town Affiliation Association which strengthens and broadens international ties between U.S. cities and Sister Cities abroad. Emphasis is on two-way exchange of information between rehabilitated persons, volunteers and others interested in the handicapped.

PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.
Project HOPE
Health Sciences Education Center, Millwood, Virginia 22646 -- (703) 837-2100
PROGRAM OF ASSISTANCE: Teaches doctors, dentists, nurses and allied health personnel modern methods of medical science, using existing health facilities, i.e., physical and occupational therapy units; provides technical assistance through education in sanitation, immunization, nutrition, public health and preventive medicine.

ROTARY CLUBS IN THE UNITED STATES
Rotary International
1600 Ridge Avenue, Evanston, Illinois 60201 -- (312) 328-0100
PROGRAM OF ASSISTANCE: The Rotary Foundation makes graduate and undergraduate educational grants and provides awards to teachers of the handicapped for study visits abroad.

THE SALVATION ARMY
National Headquarters
120 West 14th Street, New York, N. Y. 10011 -- (212) 620-4900
PROGRAM OF ASSISTANCE: The Salvation Army of the United States of America is an integral part of the International Salvation Army and contributes to the following overseas projects administered through International Headquarters in London, England: rehabilitation programs and centers for the blind, physically handicapped, mentally retarded, chronic alcoholics and narcotics addicts; physical therapy; leprosaria, immunization, and public health education.

SONS OF THE SACRED HEART (F.S.C.J.)
(Verona Fathers)
2104 St. Michael Street, Cincinnati, Ohio 45204 -- (513) 921-1186/4400
PROGRAM OF ASSISTANCE: Works in cooperation with the International Verona Fathers Society to sponsor the following programs: schools for the handicapped; leprosaria.

THE SALVATION ARMY
National Headquarters
120 West 14th Street, New York, N. Y. 10011 -- (212) 620-4900
PROGRAM OF ASSISTANCE: The Salvation Army of the United States of America is an integral part of the International Salvation Army and contributes to the following overseas projects administered through International Headquarters in London, England: rehabilitation programs and centers for the blind, physically handicapped, mentally retarded, chronic alcoholics and narcotics addicts; physical therapy; leprosaria, immunization, and public health education.

TOWN AFFILIATION ASSOCIATION OF THE U.S., INC.
Sister Cities International
1625 Eye Street, N.W., Suite 424-26, Washington, D. C. 20006 -- (202) 293-5504
PROGRAM OF ASSISTANCE: The Town Affiliation Association serves as a center for research, information and counseling for all U.S. cities with Sister City Programs. Through these affiliations, cities and their citizens carry out a wide range of educational, cultural, technical, municipal and professional exchange programs. Through a grant provided from the Agency for International Development in 1976, Sister Cities International has established a Development

Program to provide interested U.S. cities with financial and administrative support in initiating and establishing programs of technical assistance to Sister Cities in developing countries. Such programs have included projects related to rehabilitation of the handicapped.

UNITED METHODIST COMMITTEE ON RELIEF
475 Riverside Drive, New York, N. Y. 10027 -- (212) 678-6281
PROGRAM OF ASSISTANCE: Serves as a fund raising agency within the United Methodist Church and financially supports programs world-wide conducted by national Methodist agencies and churches, Church World Service, interdenominational groups and specialized agencies such as Heifer Project International. UMCOR has supported programs related to severely handicapped victims of polio, leprosy, national disasters and wars. Through therapeutic centers and/or community involvement in medicine, nutritional and employment needs, those persons are assisted in their own rehabilitation and renewal of life.

UNITED CHURCH BOARD FOR WORLD MINISTRIES
United Church of Christ, Divisions of World Missions and World Service
475 Riverside Drive, New York, N. Y. 10028 -- (212) 870-2637
PROGRAM OF ASSISTANCE: In partnership with and under the direction of overseas partner churches and ecumenical ministries, the UCBWM operates and supports the following programs: assistance for handicapped children; leprosaria, sanitoria and camps for tuberculosis patients.

VACCINES FOR CHILDREN INTERNATIONAL, INC.
P.O. Box 18, Ridgewood, New Jersey 07451 -- (201) 445-2699
PROGRAM OF ASSISTANCE: Periodically ships vaccines for polio, diphtheria, whooping cough, tetanus, typhoid fever, measles and tuberculosis to hospitals, dispensaries and clinics; provides vehicles for dispensing of vaccines in rural areas and along city streets. During 1976 assistance was given to Colombia, Dominican Republic, Haiti, Nicaragua and Peru.

WORLD REHABILITATION FUND, INC.
400 East 34th St., New York, NY 10016 -- (212) 679-3200, Ext. 2052/3
PROGRAM OF ASSISTANCE: The following programs are conducted in most countries in Africa, Asia and Central America, and in all countries in South America: under a grant from the Rehabilitation Services Administration, U.S. Dept. of Health, Education and Welfare, WRF conducts a program entitled "International Exchange of Information on Rehabilitation" in cooperation with Rehabilitation International. The grant requires the Fund to plan and assist with the collection, translation, publication and dissemination of international program and research information on rehabilitation. Provides fellowships to physicians for training in rehabilitation at centers in the Philippines and India; trains prosthetic/orthotic technicians in selected areas where there is a need; provides advisory and consulting services to medical institutions, conventions, conferences and seminars; conducts training courses lasting five months in Sao Paulo, Brazil, and Bangalore, India; courses are attended by students from countries within the immediate region. A new training center opened in Nairobi, Kenya (1978), and another will open in Taipei, Taiwan (1979). Sends medical rehabilitation equipment and supplies.

YOUNG MEN'S CHRISTIAN ASSOCIATIONS OF THE UNITED STATES
International Division of the National Board
291 Broadway, New York, New York 10007 -- (212) 374-2000
PROGRAM OF ASSISTANCE: The U.S. YMCA assists selected national movements to carry out programs for the physically and mentally handicapped. These programs include pre-school and primary school education, individual and family counseling, and vocational training in skilled areas such as carpentry, tailoring and handicrafts. Schools and social agencies are encouraged and assisted to integrate disabled children and young adults into their regular and on-going programs, and to provide special services and tutoring where needed.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE U.S.A.
World Relations Unit of the National Board
600 Lexington Avenue, New York, New York 10022 -- (212) 753-4700
PROGRAM OF ASSISTANCE: At the request of the World YWCA, the YWCA of the U.S.A. provides small loans and grants which often serve as seed money for government and private funding in support of the following programs of autonomous overseas YWCA's: special services for the blind, mentally retarded and other handicapped persons.

The source of this material is: American Council of Voluntary Agencies
for Foreign Service, Inc.
Technical Assistance Information
Clearing House
200 Park Avenue South
New York, New York 10003